



ALABAMA MEDICAID PHARMACIST

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A Service of Alabama Medicaid

PDL Update

Effective January 1, 2016, the Alabama Medicaid Agency will update the Preferred Drug List (PDL) to reflect the recent Pharmacy and Therapeutics (P&T) Committee recommendations as well as quarterly updates. The updates are listed below:

PDL Additions	PDL Deletions*
Anoro Ellipta—Respiratory Beta-Adrenergic Agonists	Beconase AQ—Intranasal Corticosteroids
Bepreve—EENT-Antiallergic Agents	Blephamide—EENT-Antibacterials
Provida DHA—Prenatal Vitamins	Daraprim—Antimalarials
QNASL—Intranasal Corticosteroids	Humalog—Insulins
QNASL Children—Intranasal Corticosteroids	Humalog Mix 50-50—Insulins
	Humalog Mix 75-25—Insulins
	Levemir—Insulins
	Tobrex—EENT-Antibacterials

*Denotes that these brands will no longer be preferred but are still covered by Alabama Medicaid and will require prior authorization (PA) for payment. Available covered generic equivalents (unless otherwise specified) will remain preferred.

Please fax all prior authorization and override requests **directly** to Health Information Designs at 800-748-0116. If you have questions, please call 800-748-0130 to speak with a call center representative.

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Updated Irritable Bowel Syndrome Guidelines

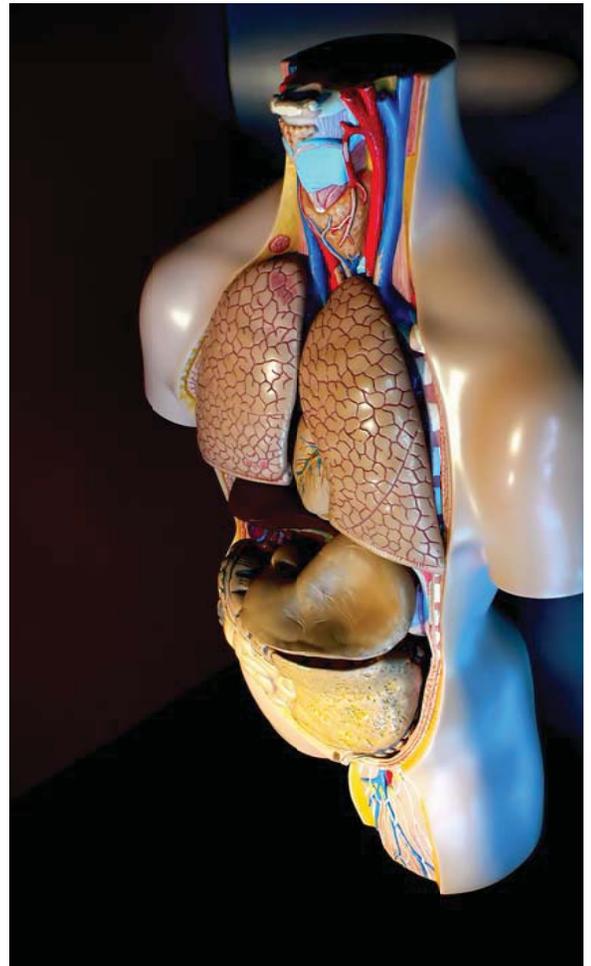
The NICE organization reviews guidelines every two years to evaluate the need for an update. The original guidelines for Irritable Bowel Syndrome (IBS) were written in 2008 and have been unchanged until February 2015. Beginning with pharmacological therapy, it is now recommended that tricyclic antidepressants (TCAs) be used as second-line treatment for people with IBS if laxatives, loperamide, or antispasmodics have not helped. This use is strictly related to the analgesic effect of TCAs. At the time of this guidelines original publication, TCAs did not have UK marketing authorization for indications such as this. Recent studies have shown statistically significant improvement in terms of bowel habits, pain score, number of patients with less pain, and global symptoms in patients taking antidepressants. Selective Serotonin Reuptake Inhibitors (SSRIs) are recommended if TCAs have failed to show efficacy. Patients prescribed these medications should be started at a low dose and follow up set at 4 weeks and 6 to 12 month intervals thereafter.

The original guidelines recommended the use of exclusion diets in IBS. The evidence still supports this recommendation; however, the committee added that the use of such diets should only be undertaken with the help of a specialist. The new recommendation states that patient's should be referred to a dietician if diet continues to be considered a major factor in a person's symptoms if they are following general lifestyle/dietary advice.

To review, it is recommended that antispasmodics along with dietary and lifestyle changes be considered in IBS patients. Laxatives should be considered for the treatment of constipation in IBS but patients should be discouraged from using lactulose. Loperamide is the antimotility agent of choice for patients experiencing diarrhea with IBS. Patients should be advised on how to adjust their doses of laxative or antimotility agents according to clinical response. Finally, new recommendations suggest considering tricyclic antidepressants (TCAs) in patients who fail laxatives, loperamide, or antispasmodics. Selective serotonin reuptake inhibitors (SSRIs) are only to be considered if TCAs are ineffective.

References:

NICE Guidelines. Irritable bowel syndrome in adults: diagnosis and management. [February 2008, updated February 2015]. Available at: <http://www.nice.org/guidance/cg61/chapter/1-recommendations#>. Accessed November 6, 2015.



Head Lice

Head lice, or *Pediculus capitis*, are parasitic insects that can infest the hair on the head, particularly around and behind the ears and near the nape of the neck. Uncommonly, head lice may be found on the eyebrows and eyelashes. Head lice feed on human blood several times a day.

The egg, or nit, is laid by the adult female at the base of the hair shaft nearest the scalp. Nits usually take about eight to nine days to hatch, being somewhat shorter in hot climates and longer in cold climates. Nits cannot hatch at a lower ambient temperature than that near the scalp. A nymph is an immature louse that hatches from the nit. Nymphs mature into adults about nine to 12 days after hatching. The fully grown and developed adult louse is 2 to 3 mm long, or about the size of a sesame seed, has 6 legs, and is usually tan to grayish-white in color. A female louse can live up to 3 to 4 weeks and can lay up to 10 eggs per day. An adult head louse can live about 30 days on a person's head.



Many school-aged children will be affected by head lice during the school year. In the United States, it is estimated that 6 million to 12 million infestations occur yearly among children 3 to 13 years of age. Infestations are most common among children attending child care and elementary school. Head lice infestations affect all socioeconomic groups and are not influenced by hair length or frequency of shampooing or brushing. Transmission by contact with personal belongings or clothing is uncommon because head lice survive less than two days at room temperature. Head lice move by crawling and cannot hop or fly. The greatest risk of transmission occurs from direct head-to-head contact with someone who already has lice. Pets do not play a role in the transmission of human lice.

Treatment of head lice is indicated for persons with an active infestation. The American Academy of Pediatrics (AAP) recommends starting therapy with an over-the-counter (OTC) 1% permethrin product or with a pyrethrin combined with piperonyl butoxide product. If there is failure of an OTC product, the AAP recommends using malathion, benzyl alcohol lotion, or spinosad suspension. Retreatment is often necessary because no product is truly ovicidal, although malathion and spinosad are partially ovicidal. Retreatment should occur after the eggs that are present at the time of initial treatment have hatched but before any new eggs have been produced.

Itching or mild burning of the scalp may occur after a topical pharmaceutical agent has been used. Discomfort may persist for many days after lice are killed and this is not grounds for retreatment. If needed, oral antihistamines or topical corticosteroids may be used for symptom relief.

Head Lice

Product Name	Active Ingredient	Indicated Age	Contraindication	Alabama Medicaid Coverage/ PA Status
Permethrin 1%	permethrin 1%	≥ 2 months		Non-covered OTC
Rid®	pyrethrin plus piperonyl butoxide	≥ 2 years	Pyrethrins are contraindicated in those allergic to chrysanthemums or ragweed	Non-covered OTC
Ovide®	malathion 0.5%	≥ 6 years	Children < 2 years	Ovide®: non-preferred
				malathion: preferred
Ulesfia®	benzyl alcohol 5%	≥ 6 months	Avoid use in neonates	Non-preferred
Natroba®	spinosad 0.9%	≥ 6 months	Do not use in infants < 6 months due to benzyl alcohol	Natroba®: non-preferred
				spinosad: preferred
Sklice®	ivermectin 0.5%	≥ 6 months		Preferred

References:

Devore CD, Schutze GE and The Council on School Health and Committee on Infectious Disease, American Academy of Pediatrics. Head Lice. Pediatrics 2015; 135(5):e1355-1365.

January 1st Pharmacy Changes

Effective January 1, 2016, the Alabama Medicaid Agency will:

1. **Include additional drugs in the mandatory three-month maintenance supply program. Drugs include additional preferred antidepressants, preferred alpha blockers, and generic isosorbide tablets and nitroglycerin patches.** Prescriptions for three-month maintenance supply medications will not count toward the monthly prescription limit. A maintenance supply prescription will be required after 60 days' stable therapy. Please see the website for a complete listing of maintenance supply medications.
2. **Update the Preferred Drug List (PDL) to reflect the quarterly updates.** The updates are listed below:

PDL Additions	
Anoro Ellipta	Respiratory Beta-Adrenergic Agonists
Bepreve	EENT-Antiallergic Agents
Provida DHA	Prenatal Vitamins
QNASL	Intranasal Corticosteroids
QNASL Children	Intranasal Corticosteroids
PDL Deletions	
Beconase AQ	Intranasal Corticosteroids
Blephamide	EENT-Antibacterials
Daraprim	Antimalarials
Humalog	Insulins
Humalog Mix 50-50	Insulins
Humalog Mix 75-25	Insulins
Levemir	Insulins
Tobrex	EENT-Antibacterials

For additional PDL and coverage information, visit our drug look-up site at <https://www.medicaid.alabamaservices.org/ALPortal/NDC%20Look%20Up/tabId/39/Default.aspx>.

The PA request form and criteria booklet, as well as a link for a PA request form that can be completed and submitted electronically online, can be found on the Agency's website at www.medicaid.alabama.gov and should be utilized by the prescribing physician or the dispensing pharmacy when requesting a PA.

Policy questions concerning this provider notice should be directed to the Pharmacy Program at (334) 242-5050. Questions regarding prior authorization procedures should be directed to the HID help desk at 1-800-748-0130.