

IDAHO MEDICAID PHARMACY DEPARTMENT

1-208-364-1829

MAGELLAN MEDICAID ADMINISTRATION PHARMACY SUPPORT CENTER

1-800-922-3987

24 hours/day/7 days per week

- ❖ Claims processing assistance
- ❖ Drug coverage and payment information
- ❖ Eligibility
- ❖ Plan limitations
- ❖ Coordination of benefits
- ❖ Prior authorization status

IDAHO MEDICAID PHARMACY CALL CENTER

1-866-827-9967

1-208-364-1829

8:00 a.m. – 5:00 p.m. MT

Monday – Friday

Closed federal and state holidays

- ❖ Initiate prior authorizations

PRIOR AUTHORIZATION FAX

1-800-327-5541

WEBSITES

www.medicaidpharmacy.idaho.gov

- ❖ Preferred Drug List
- ❖ PA forms
- ❖ P & T information

<https://Idaho.fhsc.com>

DUR BOARD MEETINGS

- ❖ January 20, 2011
- ❖ April 14, 2011
- ❖ July 21, 2011
- ❖ October 20, 2011

P&T COMMITTEE MEETINGS

- ❖ April 15, 2011
- ❖ May 20, 2011
- ❖ October 21, 2011
- ❖ November 18, 2011

SEROTONIN SYNDROME

Serotonin Syndrome (also called serotonin toxicity or serotonin toxidrome) is not an idiosyncratic drug reaction; it is a predictable consequence of an excess of serotonergic activity at both peripheral and central nervous system receptors. There are many different classes of medications (e.g., tramadol, SSRIs) that have effects on serotonin and a more complete list may be seen on the Serotonin Syndrome handout located on the Idaho Medicaid Pharmacy Program webpage at the following link:

https://idaho.fhsc.com/downloads/providers/IDRx_DUR_outreach_Serotonin_Syndrome.pdf. Signs and symptoms of Serotonin Syndrome may include autonomic instability, cardiovascular effects, gastrointestinal symptoms, mental status changes, neuromuscular aberrations, as well as other symptoms such as seizures, dilated pupils, and headaches. One special note as it relates to headaches is that triptans are on the list of medications known to cause Serotonin Syndrome, so using a triptan to treat a headache due to Serotonin Syndrome will make it worse. Everyone is encouraged to go to the before mentioned link and print out the handout as it is a useful two page reference on Serotonin Syndrome.

In December 2010, electronic profiles were reviewed for all Idaho Medicaid participants who had received a prescription for tramadol in the last six months. Patients were selected if they had more than one tramadol fill, at least a 30-day overlap with a Selective Serotonin Reuptake Inhibitor (SSRI) or a Serotonin and Norepinephrine Reuptake Inhibitor (SNRI), and had both a tramadol and an antidepressant claim within the most recent six weeks of data. 179 patient profiles were evaluated and educational letters were sent out to 174 prescribers about 94 patients on 2/21/2011. Only prescribers of tramadol, SSRI, or SNRI received a letter. We are hoping that with an increased awareness of the signs and symptoms of Serotonin Syndrome and knowledge of the products that may lead to this syndrome, more providers will be able to intervene and either decrease the likelihood or help those patients who are suffering from Serotonin Syndrome.

COST OF LOW DOSE SEROQUEL® VS. OTHER SEDATIVE-HYPNOTIC AGENTS FOR INSOMNIA

Quetiapine (Seroquel®) is an antipsychotic agent that is FDA-approved in adults for Schizophrenia, Bipolar Disorder, Bipolar Mania, Bipolar I Disorder maintenance adjunct therapy, and Bipolar Depression. Seroquel® is also FDA-approved in adolescents 13-17 years of age for Schizophrenia and in children 10-17 years of age for Bipolar Mania. FDA labeling outlines a titration schedule with initial doses generally starting at 25mg twice daily and titrated up over 2 to 5 days depending on the condition being treated. Clinical studies indicate that the antipsychotic effect of quetiapine usually occurs in the range of 600-800mg/day. There is a lack of supporting evidence for the use of quetiapine in the treatment of insomnia. It costs the State of Idaho many thousands of dollars each and every month when there are less expensive and clinically proven sedative-hypnotic medications. In addition, the metabolic side effects of quetiapine are not dose-dependent. The following table gives an overview of some of the available products on the market that are FDA approved for short-term treatment of insomnia and their costs as they compare to quetiapine.

Generic Name (Brand Name)	Usual Dose (mg)	Cost per Month
Benzodiazepines		
Estazolam (Prosom®)	1-2	\$\$\$
Flurazepam (Dalmane®)	15-30	\$
Quazepam (Doral®)	7.5-15	\$
Temazepam (Restoril®)*	15-30* (7.5 & 22.5 non-preferred)	\$
Triazolam (Halcion®)	0.125-0.25	\$
Nonbenzodiazepines		
Eszopiclone (Lunesta®)	2-3	\$\$\$\$\$
Zaleplon (Sonata®)*	10-20	\$\$
Zolpidem (Ambien®)*	5-10	\$
Zolpidem ER (Ambien CR®)	6.25-12.5	\$\$\$\$\$\$
Melatonin-Receptor Agonist		
Ramelteon (Rozerem®)	8	\$\$\$\$\$\$\$
Miscellaneous Agents		
Quetiapine (Seroquel®)	25-50	\$\$\$\$\$\$\$\$
Doxepin (Silenor®)	3-6	\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$
Trazodone (Desyre®)	50	\$

* Idaho Medicaid Preferred Drug

\$ cost per month based on relative costs to Idaho Medicaid .

PROTON PUMP INHIBITORS

Proton Pump Inhibitors (PPIs) are one of the most widely used classes of drugs on the market today. They are consistently in the top 3 most expensive classes of medications on a monthly basis in the State of Idaho's Medicaid population. PPIs are proven to be safe, effective, and well tolerated and patients can and do benefit from their use; however, they are often used longer than indicated and in higher doses than what is FDA approved leading to some serious safety concerns.

On May 25, 2010, the FDA revised the prescription label for the PPI class of medications to include new safety information about a possible increased risk of fractures of the hip, wrist, and spine with the use of these medications. The FDA has also issued a statement warning that PPIs taken for a prolonged period of time (in most cases, longer than one year) may also cause low serum magnesium levels, which could lead to muscle spasm, irregular heartbeat, and convulsions. There is also information about an increased risk of enteric infections and community-acquired pneumonia from the reduction of acidity. Rebound hypersecretion is observed in 60-90 % of patients when PPIs are used for at least two to three months and may continue for three or more months. When discontinuing PPIs, tapering the dose and then dosing every other day for a week or longer can help reduce breakthrough symptoms. Either antacids or histamine-2 (H2) blockers can also be used for breakthrough symptoms if needed. The FDA recommends that when healthcare professionals prescribe PPIs, they should utilize the lowest dose and shortest duration of therapy to adequately treat the patient's condition. If PPIs have been used for more than a few months, therapy should be discontinued if there is no clear indication for continuation, remembering that the dose may need to be tapered and not stopped abruptly to lessen the likelihood of breakthrough symptoms. Please refer to the educational handout located on the Idaho Medicaid Pharmacy Program webpage:

https://idaho.fhsc.com/downloads/providers/IDRx_DUR_outreach_PPI_Long_Term_Use_Educational_Sheet.pdf.