



# ALABAMA MEDICAID PHARMACIST

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A Service of Alabama Medicaid

## PDL Update

Effective April 1, 2017, 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*
	Aerospan—Inhaled Corticosteroids
	Mepron—Antiprotozoals, Miscellaneous
	PegIntron—Interferons

\*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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## DPP-4 Inhibitors and Risk of Heart Failure

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors, also sometimes referred to as “gliptins”, are a newer group of antidiabetic medications that lower A1C by approximately 0.5%, are considered weight neutral, and typically have few adverse effects. However, through post-market surveillance studies, new data suggests that there may be an association between the use of gliptins and new onset heart failure and heart failure exacerbations.

The CDC found that 11.8% of adults in Alabama had a diagnosis of diabetes in 2014<sup>1</sup>. Just by having diabetes, patients are at increased risk of developing heart failure. About 50% of patients who develop heart failure die within 5 years of diagnosis<sup>2</sup>. With the high prevalence of diabetics in Alabama and the morbidity and mortality associated with heart failure, it is important for prescribers to be aware of medications that may put their patients at increased risk of negative health outcomes.

DPP-4 Inhibitors-Single Agents	
Brand	Generic
Nesina <sup>PA</sup>	Alogliptin <sup>PA</sup>
Tradjenta <sup>PA</sup>	Linagliptin <sup>U</sup>
Onglyza <sup>PA</sup>	Saxagliptin <sup>U</sup>
Januvia*	Sitagliptin <sup>U</sup>
DPP-4 Inhibitors-Combination Products	
Kazano <sup>PA</sup>	Alogliptin and Metformin <sup>PA</sup>
Oseni <sup>PA</sup>	Alogliptin and Pioglitazone <sup>PA</sup>
Glyxambi <sup>PA</sup>	Empagliflozin and Linagliptin <sup>U</sup>
Jentadueto <sup>PA</sup> , Jentadueto XR <sup>PA</sup>	Linagliptin and Metformin <sup>U</sup>
Kombiglyze XR <sup>PA</sup>	Saxagliptin and Metformin <sup>U</sup>
Janumet*, Janumet XR*	Sitagliptin and Metformin <sup>U</sup>

\* Preferred brand

<sup>PA</sup> Non-preferred brand or PA generic

<sup>U</sup> Unavailable in current market place

Four single-agent DPP-4 inhibitors are currently available on the market, and several combination antidiabetic agents containing DPP-4 inhibitors are also available and are listed in Table 1. Each medication’s coverage status with Alabama Medicaid is indicated in the table.

The sheer number of medications and combination products in this drug class can sometimes make it difficult to choose one for our patients. As a result of additional studies evaluating the safety of DPP-4 inhibitors, the FDA recommended on April 4, 2016 that additional safety information concerning the increased risk of heart failure be added to the labeling of saxagliptin (Onglyza) and alogliptin (Nesina). The FDA also recommended discontinuing the use of the aforementioned medications in diabetic patients who develop heart failure.

## DPP-4 Inhibitors and Risk of Heart Failure, continued

Ongoing trials are expected to clarify the safety of Tradjenta with regards to its risk and association with heart failure. Of the four DPP-4 inhibitors currently available, sitagliptin (Januvia) and formulations containing sitagliptin have the least impact on cardiovascular health and appear to be the safest choice<sup>3</sup>.

### References

Diagnosed Diabetes: Burden and Magnitude. Centers for Disease control and Prevention. <https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html>. January 1, 2016. Accessed March 29, 2017.

Heart Failure Fact Sheet. Centers for Disease Control and Prevention. [https://www.cdc.gov/dhdsp/data\\_statistics/fact\\_sheets/fs\\_heart\\_failure.htm](https://www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_heart_failure.htm). June 16, 2016. Accessed March 29, 2017.

DPP-4 Inhibitors (Gliptins) and Risk of Heart Failure. Pharmacist's Letter/Prescriber's Letter 2016; 32(6): 320607. <http://pharmacistsletter.therapeuticresearch.com/pl/ArticleDD.aspx?cs=STUDENT&s=PL&pt=6&fpt=31&dd=320607&pb=PL&cat=5137#dd>.

## DEA Drug Take-Back Day

The DEA has scheduled the National Prescription Drug Take-Back Day for Saturday, April 29, 2017, from 10:00 am to 2:00 pm. This is an opportunity for unused, unwanted prescription medications to be disposed of in a safe manner. The DEA has held previous Take-Back events in conjunction with state, local, and tribal law enforcement partners. Over 5,000,000 pounds of prescription medications have been removed from the public.

Please visit [http://www.deadiversion.usdoj.gov/drug\\_disposal/takeback/](http://www.deadiversion.usdoj.gov/drug_disposal/takeback/) for more information and to locate a collection site in your area.



## Lyme Disease in Children

Summer is approaching and that means more time outdoors. Children spend a lot of time outdoors and are at particular risk of contracting Lyme disease. In the United States, Lyme disease is highest among children 5 through 9 years of age and adults 55 through 59 years of age. Most cases of early Lyme disease occur between April and October, with more than 50% occurring during June and July. Most cases of Lyme disease are concentrated heavily in the northeast and upper Midwest.

Lyme disease is caused by the bacterium *Borrelia burgdorferi* and is transmitted to humans through the bite of infected blacklegged ticks, or deer ticks. A tick must be attached for 36-48 hours before the Lyme disease bacterium can be transmitted. Ticks can attach to any part of the body, but tend to attach to hard-to-see areas such as the scalp, armpits, or groin.

Most humans are infected through the bites of nymphs, or immature ticks. Nymphs are less than 2 mm in size – approximately the size of a poppy seed. Nymphs feed during the spring and summer months. Adult ticks can also infect humans, but they are larger in size and are generally found and removed before they have time to transmit bacteria.

Lyme disease is divided into three stages: early localized, early disseminated and late disease. A distinctive rash, erythema migrans, can be seen at the site of a recent tick bite, and distinguishes early localized disease. Erythema migrans begins as a red macule or papule that forms a large, annular, erythematous lesion over days to weeks. This rash is the most common manifestation of Lyme disease in children. A child may also experience fever, malaise, mild neck stiffness, headache, myalgia and arthralgia. During this stage, the bacteria have not spread throughout the body. Diagnosis of early localized disease is generally based off of recognition of the characteristic rash. Serodiagnostic tests are insensitive and are not recommended because antibodies against *B burgdorferi* are not detectable in most people within the first few weeks after infection.

Early disseminated disease consists of multiple erythema migrans and occurs as bacteria begin to spread throughout the body. This rash usually occurs several weeks after an infective tick bite and consists of several lesions similar, but smaller than, the primary lesion. Other symptoms of early disseminated illness include palsies of the cranial nerves, ophthalmic conditions (optic neuritis, uveitis, conjunctivitis), and lymphocytic meningitis. Fever, fatigue, headache, myalgia and arthralgia are also common during this stage. Diagnosis of early disseminated disease is generally based off of recognition of the primary and secondary lesions along with serologic test results. Most patients with early disseminated disease have antibodies against *B burgdorferi* which may persist for many years.

Late disease is characterized by arthritis affecting only a few joints and typically occurs in larger joints such as the knees. Arthritis may occur without a history of earlier stages of illness and can occur months after the tick bite. Diagnosis of late disease is based off of clinical findings and serologic results. Generally all patients with late disease have antibodies against *B burgdorferi* which may persist for many years or possibly for life.

Even though Lyme disease can be treated successfully, it is best to take steps to prevent tick bites and the possibility of contracting Lyme disease. Parents and caregivers should be extra vigilant during the warmer months to reduce their children's exposure to ticks. Some steps to consider that reduce exposure to ticks: avoid wooded and brushy areas with high grass, use bug repellents on exposed skin, bathe or shower as soon as possible after coming indoors, conduct a full -body tick check, and examine clothing/gear and pets.

## Lyme Disease in Children, Continued

### Recommended Treatment of Lyme Disease in Children\*

Early Localized Disease		
8 years of age or older	Doxycycline, 4 mg/kg per day divided into 2 doses (maximum 200 mg/day) for 14-21 days.	
Younger than 8 years or unable to tolerate doxycycline	Amoxicillin, 50 mg/kg per day divided into 3 doses (maximum 1.5 g/day) for 14-21 days <b>OR</b> cefuroxime, 30 mg/kg per day in 2 divided doses (maximum 1000 mg/day) or 1000 mg/day for 14-21 days.	
Early Disseminated and Late Disease		
Multiple Erythema Migrans	Same oral regimen as for early localized disease, but for 21 days.	
Isolated Facial Palsy	Same oral regimen as for early localized disease, but for 14-21 days.	Corticosteroids should not be given. Purpose of treatment is to prevent late disease.
Arthritis	Same oral regimen as for early localized disease, but for 28 days.	

\*Chart does not reflect complete treatment guidelines

#### References:

American Academy of Pediatrics. *Red Book: 2012 Report of the Committee on Infectious Diseases*. Pickering LK, ed. 29th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2012.

Lyme disease [2013 May 6]. *Centers for Disease Control and Prevention*. Retrieved from <http://www.cdc.gov/lyme/>.

## April 1st Pharmacy Changes

Effective April 1, 2017, the Alabama Medicaid Agency will:

1. **Require patient consent form for Hepatitis C medications.** Prior authorization requests for hepatitis C medications must be accompanied by the Alabama Medicaid Pharmacy Hepatitis C Agents Patient Consent Form. The form must be signed and dated by the **patient** and **prescriber**. The form can be found on the Agency website at [http://medicaid.alabama.gov/documents/9.0\\_Resources/9.4\\_Forms\\_Library/9.4.3\\_Consent\\_Forms/9.4.3\\_HepC\\_Consent\\_Revised\\_2-9-17.pdf](http://medicaid.alabama.gov/documents/9.0_Resources/9.4_Forms_Library/9.4.3_Consent_Forms/9.4.3_HepC_Consent_Revised_2-9-17.pdf).
2. **Include benzotropine tablets in the mandatory three-month maintenance supply program.** 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.
3. **Remove prior authorization from atovaquone (generic Mepron). Brand Mepron will now require PA.**
4. **Update the PDL to reflect the quarterly updates. The updates are listed below:**

PDL Additions	PDL Deletions*
	Aerospan—Inhaled Corticosteroids
	Mepron—Antiprotozoals, Miscellaneous
	PegIntron—Interferons

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](http://www.medicaid.alabama.gov) and should be utilized by the prescriber or the dispensing pharmacy when requesting a PA. Providers requesting PAs by mail or fax should send requests to:

**Health Information Designs (HID)**  
**Medicaid Pharmacy Administrative Services**  
**P. O. Box 3210 Auburn, AL 36832-3210**  
**Fax: 1-800-748-0116**  
**Phone: 1-800-748-0130**

Incomplete PA requests or those failing to meet Medicaid criteria will be denied. If the prescribing physician believes medical justification should be considered, the physician must document this on the form or submit a written letter of medical justification along with the prior authorization form to HID. Additional information may be requested. Staff physicians will review this information.

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.