



MEDI-CAL UPDATE

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Medi-Cal List of Contract Drugs

The *Drugs: Contract Drugs List Part 1 – Prescription Drugs* provider manual section has been updated.

Change, effective January 19, 2007

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
PRAVASTATIN		
+ Tablets	10 mg 90's	ea
	20 mg 90's	ea
	40 mg 90's	ea
	80 mg 90's	ea
<u>(NDC labeler code 00003 [Bristol-Myers Squibb] only.)</u>		

Changes, effective February 1, 2007

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
ALEMTUZUMAB		
Injection	<u>30 mg/3 cc ampule</u>	<u>ee</u>
	<u>30 mg/1cc vial</u>	<u>cc</u>
BETAXOLOL HCL		
Ophthalmic drops	0.25 % 2.5 cc	cc
		5 cc
		10 cc
		15 cc
<u>(NDC labeler code 00065 [Alcon Laboratories, Inc.] for 0.25 % only)</u>		
	0.5 % 2.5 cc	cc
		5 cc
		10 cc
		15 cc

+ Frequency of billing requirement

Please see **Contract Drugs**, page 3

EDS/MEDI-CAL HOTLINES

Border Providers	(916) 636-1200
CDHS Medi-Cal Fraud Hotline	1-800-822-6222
Telephone Service Center (TSC)	1-800-541-5555
Provider Telecommunications Network (PTN).....	1-800-786-4346

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For a complete listing of specialty programs and hours of operation, please refer to the Medi-Cal Directory in the provider manual.



Opt Out is a service designed to save time and increase Medi-Cal accessibility. A monthly e-mail containing direct Web links to current bulletins, manual page updates, training information, and more is now available. Simply “opt out” of receiving this same information on paper, through standard mail. To download the Opt Out enrollment form or for more information, go to the Medi-Cal Web site at www.medi-cal.ca.gov, and click the “Learn how...” link under **OPT OUT** on the right side of the home page.

Stop Illegal Tobacco Sales

The simplest way to stop illegal tobacco sales to minors is for merchants to check ID and verify the age of the tobacco purchasers. Report illegal tobacco sales to 1-800-5-ASK-4-ID.

For more information, see the California Department of Health Services Web site at <http://www.dhs.ca.gov>.

MEDI-CAL FRAUD

IS AGAINST THE

LAW

MEDI-CAL FRAUD COSTS TAXPAYERS MILLIONS
EACH YEAR AND CAN ENDANGER
THE HEALTH OF CALIFORNIANS.

HELP PROTECT MEDI-CAL AND YOURSELF
BY REPORTING YOUR OBSERVATIONS TODAY.

CDHS MEDI-CAL FRAUD HOTLINE
1-800-822-6222

THE CALL IS FREE AND YOU CAN REMAIN ANONYMOUS.

Knowingly participating in fraudulent activities can result in prosecution and jail time. Help prevent Medi-Cal fraud.

Contract Drugs (continued)

Changes, effective February 1, 2007 (continued)

<u>Drug</u>	<u>Size and/or Strength</u>	<u>Billing Unit</u>
DEXMETHYLPHENIDATE HCL		
* Capsules, extended release	5 mg	ea
	10 mg	ea
	15 mg	ea
	20 mg	ea
* Restricted to use in Attention Deficit Disorder in individuals between 4 and 16 years of age. (NDC labeler code 00078 [Novartis Pharmaceutical Corporation] capsules only.)		

These updates are reflected on manual replacement pages drugs cdl p1a 4, 15 and 40 (Part 2) and drugs cdl p1c 25 (Part 2).

FUL List Updates

The Drugs: MAIC and FUL List section has been updated with the Federal Upper Limit (FUL) list changes as noted below:

Additions, effective January 19, 2007

<u>Drug</u>	<u>Strength</u>	<u>FUL</u>	<u>Billing Unit</u>
Acetaminophen; Pentazocine HCl			
Tablets	650mg/EQ 25mg Base	\$0.8517	ea
Aspirin; Carisoprodol; Codeine Phosphate			
Tablets	325mg/200mg/16mg	1.8375	ea
Chlordiazepoxide HCl			
Capsules	25mg	0.0660	ea
Desonide			
Lotion	0.05%	0.5441	cc
Diclofenac Sodium			
Tablets, extended release	100mg	2.3618	ea
Dipyridamole			
Tablets	25mg	0.2978	ea
	50mg	0.4796	ea
	75mg	0.6417	ea
Disopyramide Phosphate			
EQ Capsules	100mg	0.5979	ea
	150mg	0.6288	ea
Fluvoxamine Maleate			
Tablets	25 mg	1.0883	ea
	50 mg	1.0830	ea
	100 mg	1.1775	ea
Metolazone			
Tablets	2.5mg	0.8910	ea
	5mg	1.0680	ea
	10mg	1.3425	ea

Please see FUL List Updates, page 4

FUL List Updates (continued)**Additions, effective January 19, 2007** (continued)

<u>Drug</u>	<u>Strength</u>	<u>FUL</u>	<u>Billing Unit</u>
Midazolam HCl EQ Syrup	2mg Base/ml	\$0.8263	cc
Pravastatin Sodium Tablets	10mg	0.7717	ea
	20mg	0.7840	ea
	40mg	1.1507	ea
Silver Sulfadiazine Cream	1%	0.0591	Gm

Decrease, effective January 19, 2007

<u>Drug</u>	<u>Strength</u>	<u>FUL</u>	<u>Billing Unit</u>
Chlordiazepoxide HCl Capsules	5mg	\$0.0570	ea
	10mg	0.0585	ea

Deletion, effective January 19, 2007

<u>Drug</u>	<u>Strength</u>	<u>FUL</u>	<u>Billing Unit</u>
Fenoprofen Calcium Tablets	600mg	\$0.2400	ea

These changes are reflected on manual replacement pages [drugs maic ful 1, 5, 9, 12 thru 14, 16, 17, 26, 31 and 34](#) (Part 2).

Update on Generic Albuterol Inhalers Containing Chlorofluorocarbons (CFCs)

In 1987, environmental concerns led to an international agreement, called the “Montreal Protocol on Substances that Deplete the Ozone Layer,” that provided for the phase-out of chlorofluorocarbons (CFCs), which have been shown to damage the earth’s protective ozone layer. Inhalers were temporarily exempt from the CFC ban until ozone-friendly alternatives became available.

The Federal Drug Administration (FDA) issued a final regulation on March 31, 2005 that requires the phase-out of all CFC Albuterol metered-dose inhalers by December 31, 2008, due to the availability of hydrofluoroalkane (HFA) alternatives. Many manufacturers have already discontinued their production of CFC-containing Albuterol inhalers, and production of CFC-containing inhalers will stop by July 1, 2007. This reduction in manufacturing has contributed to the shortage of CFC-containing generic Albuterol inhalers in the marketplace as supplies are exhausted.

Medi-Cal fee-for-service (FFS) has decided to remove the CFC-containing Albuterol inhalers from the Contract Drugs List (CDL), since the environmental friendly alternative Levalbuterol Tartrate HFA is available on the CDL. This change will promote the FFS patients’ transition from the CFC inhalers to the HFA inhalers prior to the 2008 deadline.



DRUG USE REVIEW
Educational Information

Over Utilization of Migraine Medications in the Medi-Cal FFS Population

Migraine headaches affect more than 29 million people in the United States.¹ It is a debilitating disease, characterized by throbbing head pain, usually located on one side of the head and often accompanied by nausea and sensitivity to light and/or sound.² The pain is disabling for patients, making it difficult for them to work or perform daily activities. A World Health Organization (WHO) survey rated migraines as one of the most disabling chronic disorders.²

The average age of onset of migraines is during adolescence and most migraines commonly occur between 15 and 55 years of age.¹ Women are three times more likely than men to have migraine attacks.

Migraine attacks occur periodically and can last from four to 72 hours.² Symptoms vary by episode and individual. This can make it difficult for patients to determine if and when to take abortive migraine medications. There are currently seven medications on the market classified as triptans to use as abortive therapy. There are also ergotamine and narcotic pain medications that can be used for acute migraine treatment (typically in combination with abortive therapy). Included with pharmacologic therapy, there are non-pharmacologic measures that can be utilized to help prevent a migraine attack. These include education about the disorder, how migraines occur and changes in lifestyle.²

Patients with any one of the following symptoms should be considered for preventative therapy for migraines:^{3,4}

- Two attacks per month, with disability totaling three or more days. If the pain severity is high, then less than two attacks per month should be considered for preventative therapy
- If migraine interferes with normal daily activity
- Use of abortive migraine medications greater than two times per week⁵
- Abortive medications contraindicated, ineffective or not tolerated

Over utilization of abortive and other acute migraine medications should be discouraged by medical professionals. Patients should be educated on possible consequences when abortive medications are overused, and that rebound migraines can occur. Preventative therapy can assist in decreasing the overall rate of migraine occurrences and decrease the number of emergency room visits for migraine.

Payments to pharmacies in the Medi-Cal fee-for-service (FFS) program for abortive anti-migraine drug therapy, triptans and ergotamine, for the period of October 1, 2005 through September 30, 2006 totaled \$6.2 million. Usage of triptans accounted for \$5.7 million of that total.

A retrospective study of Medi-Cal FFS beneficiaries (excluding Medicare beneficiaries) with migraines was conducted to determine if patients are over utilizing migraine medications, using preventative medications to control migraine attacks and whether they are frequently using hospital emergency rooms when seeking treatment for their migraines. Patients who were Medi-Cal FFS in 11 out of 12 months during the period of October 2005 through September 2006, and who had two or more paid claims for migraine medications were considered for the study.

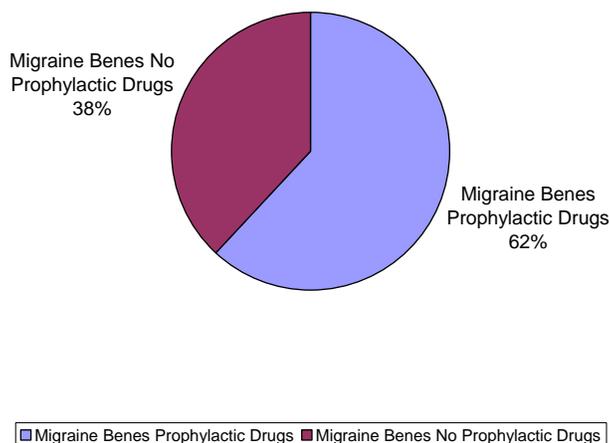
- Using decision support software (Identification of Migraine Prevention and Acute Therapy, or IMPACT, developed by Ortho-McNeil Neurologics), 5,787 Medi-Cal beneficiaries met the criteria.
 - 84 percent of beneficiaries using triptans were female (4,879 out of 5,787). American Migraine Prevalence and Prevention Study (AMPP) data showed 77 percent of participants being female.
 - 47 percent of beneficiaries with migraines were between 46 and 64 years of age.
 - 59 percent of beneficiaries would be considered “high utilizers” due to their use of three or more doses per month of a triptan. This is based on current California Department of Health Services (CDHS) policy of three dispensings of a triptan prescription for tablets/nasal spray or 10 dispensings of the injectable kit in a 12-month time period. Anything beyond this would be considered a “high utilizer” and would require a *Treatment Authorization Request (TAR)* for payment.

Please see Migraine Medications, page 6

Migraine Medications *(continued)*

- Further analysis determined that 62 percent of beneficiaries taking migraine medication were also taking some sort of preventative (prophylactic) medication. There are four categories of preventative medication that are commonly used, but only a small number are FDA approved to help prevent migraines. Information on whether these patients are taking the preventative medications for true prevention or just taking it due to a co-morbid disease state is not known. However, even if not taken specifically for prevention, the outcome of decreased migraine occurrences should still occur.

Migraine Benes Taking Prophylactic Drugs



Additionally, of the 7,978 Medi-Cal FFS beneficiaries that had at least one claim for a triptan or an ergotamine in this same time frame, 9 percent had been seen in the emergency room with a diagnosis of migraine. These patients may not be getting satisfactory relief and/or prevention of their migraine episodes, and would be ideal candidates for initiation of or adjustment to their preventative therapy.

Recommendations

Medi-Cal wants to make certain that beneficiaries that suffer from migraines can get both the acute treatment needed and the preventative therapy that may be warranted. The following steps should be followed by all providers:

- Prescribers should monitor how frequently their patients are experiencing migraines through both consultation with the patient regarding the use of medications and use of patient migraine journals.
- Pharmacists should consult beneficiaries regarding the consequences of over utilization of abortive migraine medication and use of a preventative therapy and should contact the prescriber if over utilization continues without the use of preventative therapy. Pharmacists should also discuss what may be triggering a migraine and how to avoid those triggers.
- For all providers, follow the guidelines on when to initiate preventative therapy for migraine sufferers.

References

1. Lipton R.B. et al, Migraine Prevention Patterns in a Community Sample: Results from the American Migraine Prevalence and Prevention (AMPP) Study. Poster presented at the 2005 annual meeting of the American Headache Society & AMPP Study Fact Sheet.
2. Goadsby P.J., Lipton R.B., Ferrari M.D. Migraine – Current Understanding and Treatment. *N Engl J Med* 2002; 346:257-270.
3. Snow V et al, for the American Academy of Family Physicians and the American College of Physicians – American Society of Internal Medicine. *Ann Intern Med.* 2002; 137:840-849.
4. Ramadan NM et al, and the US Headache Consortium. 2000:1-55.
5. Silberstein S, Practice Parameter: Evidence-Based Guidelines for Migraine Headache (an evidence-based review): Report of the Quality Standards Subcommittee of the American Academy of Neurology. *Neurology* 2000; 55:754-762.

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Remove and replace: drugs cdl p1a 3/4, 15/16, 39/40
 drugs cdl p1c 25/26
 drugs maic ful 1/2, 5/6, 9 thru 18, 25/26, 31 thru 34

DRUG USE REVIEW (DUR) MANUAL

Remove from the
Education section: 36-33

Insert: 36-33 thru 36