



# ALABAMA MEDICAID PHARMACIST

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A Service of Alabama Medicaid

## PDL Update

Effective January 5, 2015, 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*
Humalog Mix 50-50—Anti-diabetic Agents/Insulins	Gris-Peg—Anti-infective Agents/ Antifungals, Miscellaneous
Humalog Mix 75-25—Anti-diabetic Agents/Insulins	Infergen—Anti-infective Agents/ Interferons
Mepron—Anti-infective Agents/Antiprotozoals, Miscellaneous	
Novolog- Anti-diabetic Agents/Insulins	
Novolog Mix 70-30—Anti-diabetic Agents/Insulins	

\*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.

The HID Help Desk is open Monday–Friday from 8am to 7pm and on Saturdays 10am to 2pm. If you need a form, wish to review

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.

### Inside This Issue

PDL Update	Page 1
Skin Soft Tissue Infection Guidelines	Page 2
Skin Soft Tissue Infection Guidelines, continued	Page 3
ICD-10 Teleconferences	Page 3
Influenza Treatment Overview	Page 4
Proper Storage and Administration of Antibiotics	Page 5
Medicaid Updates	Page 6

Health Information Designs (HID)  
 Medicaid Pharmacy Administrative Services  
 PO Box 3210  
 Auburn, AL 36832-3210  
 Fax 800-748-0116  
 Phone 800-748-0130



## Diagnosis and Management of Skin and Soft Tissue Infections

The 2005 Practice Guidelines for the Diagnosis and Management of Skin and Soft Tissue Infections was updated by a panel of national experts brought together by the Infectious Diseases Society of America (IDSA) in the April 2014 issue of *Clinical Infectious Diseases* journal. The focus of the guidelines is the diagnosis and appropriate treatment of diverse SSTIs ranging from minor superficial infections to life-threatening infections such as necrotizing fasciitis.

The following recommendations summarize the 2014 Guidelines and are based on systemic evidence review:

- **Treatment of impetigo and ecthyma**
  - Impetigo, bullous or nonbullous
    - Mupirocin or retapamulin topically twice daily for five days, or
    - Oral therapy for 7 days with an antibiotic active against *S. aureus*. Recommended agents: dicloxacillin or cephalexin. If MRSA is suspected, use doxycycline, clindamycin, or SMX-TMP.
  - Ecthyma
    - Oral therapy for 7 days with an antibiotic active against *S. aureus*. Recommended agents: dicloxacillin or cephalexin 250mg QID orally. If MRSA is suspected, use doxycycline, clindamycin, or SMX-TMP.
- **Treatment of Purulent SSTIs (cutaneous abscesses, furuncles, carbuncles, and inflamed epidermoid cysts)**
  - Incision and drainage for mild, moderate, and severe cases
  - Culture and sensitivity tests for moderate and severe cases
  - Moderate: purulent infection with systemic signs of infection (SIRS)
    - Empiric: SMX-TMP or doxycycline
    - MRSA: SMX-TMP
    - MSSA: Dicloxacillin or cephalexin
  - Severe: failure of incision and drainage plus oral antibiotics or those with systemic signs of infection (SIRS) or those who are immunocompromised
    - Empiric or MRSA: vancomycin, daptomycin, linezolid, televancin, or ceftaroline
    - MSSA: Nafcillin, ceftazolin, or clindamycin
- **Treatment for recurring skin abscesses**
  - Incision, drainage, and culture
  - Treat for 5-10 days of an antibiotic active against the isolated pathogen
- **Treatment of erysipelas and cellulitis (nonpurulent)**
  - Non-systemic signs of infections or mild infections: oral penicillin VK, a cephalosporin, dicloxacillin, or clindamycin
  - Systemic signs of infection or moderate infections: IV penicillin, ceftriaxone, ceftazolin, or clindamycin
  - For severe infections: vancomycin plus either piperacillin-tazobactam or imipenem/meropenem and rule out necrotizing infection
  - Prednisone 40mg daily for 7 days could be considered in nondiabetic adults in addition to antibiotic therapy

## Diagnosis and Management of Skin and Soft Tissue Infections

- **Treatment of recurrent cellulitis**
  - Prophylactic penicillin or erythromycin twice a day for 4-52 weeks in patient who have had 3-4 episodes of cellulitis per year despite attempts to treat or control.
- **Treatment of necrotizing fasciitis (nonpurulent)**
  - Prompt surgical consultation and debridement
  - Broad empiric therapy to cover aerobic and anaerobic microbes as well as MRSA: vancomycin plus piperacillin-tazobactam
  - Culture and sensitivity tests
    - Monomicrobial
      - Streptococcus pyogenes and clostridial sp.: penicillin 2-4 mil units q4-6hrs IV plus clindamycin 600-900mg q8h IV
      - Vibrio vulnificus: doxycycline 100mg q12h IV plus either ceftriaxone 1g QID IV or cefotaxime 2g TID IV
      - Aeromonas hydrophila: doxycycline 100mg q12h IV plus either ciprofloxacin 500mg q12h IV or ceftriaxone 1-2q q24h IV
    - Polymicrobial: vancomycin 30mg/kg/day in 2 divided doses plus piperacillin-tazobactam 3.37g q6-8 hours IV

### References:

Stevens DL, et al. Practice Guidelines for the Diagnosis and Management of Skin and Soft-Tissue Infections. Clinical Infectious Diseases. 2005; 41:1373-406.

## Upcoming ICD-10 Teleconferences

The HP ICD-10 team will offer "ICD-10 General Overview" teleconferences on October 21, 2014, at 10:00 a.m. and January 22, 2015, at 10:00 a.m. The teleconferences will provide an overview of changes being implemented by Alabama Medicaid for ICD-10. The sessions will include a segment where the HP ICD-10 team will be available to answer questions. Registration for both sessions is now open and available on the Alabama Medicaid website at [http://www.medicare.alabama.gov/CONTENT/6.0\\_Providers/6.12\\_ICD-10/6.12.6\\_ICD-10\\_Teleconference\\_Training.aspx](http://www.medicare.alabama.gov/CONTENT/6.0_Providers/6.12_ICD-10/6.12.6_ICD-10_Teleconference_Training.aspx).

If you have any questions or require assistance with ICD-10 testing, contact the HP ICD-10 team via e-mail at [alabamaictesting@hp.com](mailto:alabamaictesting@hp.com).

## Influenza Treatment Overview

On December 4, the CDC announced that roughly half of the H3N2 influenza viruses, the most common seasonal strain currently circulating in the U.S., have mutated. Thus, the mutated viruses are different from this season's vaccine virus which could result in a less effective vaccine and a more severe flu season. As a result, there may be more cases of influenza this year, and therefore more individuals seeking treatment.

Currently, the CDC recommends two antiviral medications for the treatment of influenza during the 2014-2015 season: oral oseltamivir (Tamiflu) and inhaled zanamivir (Relenza). Treatment is recommended as soon as possible for any patient who is hospitalized, has severe, complicated or progressive illness, or is at high risk for complications. The CDC defines high risk individuals as those who are younger than 2 years of age, 65 years of age or older, with comorbid conditions such as pulmonary disease and diabetes, immunocompromised patients, women who are pregnant or postpartum, and residents of long-term care facilities.

Clinical benefit with antivirals is greatest when administered as early as possible, particularly within 48 hours of treatment onset. Oseltamivir and zanamivir have activity against both influenza A and B viruses and resistance is currently low. Treatment with these medications may reduce duration of illness by about one day and have the potential to decrease symptom severity and risk of hospitalization. Oseltamivir is approved for persons 14 days and older while zanamivir is approved for persons seven years of age and older. Recommended doses for treatment of influenza are as follows:

Antiviral medication	Children	Adults
Oseltamivir	<1 year: 3 mg/kg/dose twice daily ≥1 year: weight based: ≤15 kg: 30 mg twice daily 16-23 kg: 45 mg twice daily 24-40 kg: 60 mg twice daily >40 kg: 75 mg twice daily	75 mg twice daily
Zanamivir	10 mg (two 5-mg inhalations) twice daily	10 mg (two 5-mg inhalations) twice daily

Both antiviral medications are generally well tolerated and have very little potential for significant drug interactions. Zanamivir does have the potential to cause respiratory effects such as bronchospasm and decreased lung function and should be discontinued at the first sign of these effects. Hence, it is not recommended for people with underlying respiratory disease such as asthma or COPD.

With peak flu season beginning in January, healthcare professionals will likely encounter many patients with influenza in the coming months. These encounters are excellent opportunities to counsel patients on compliance and what to expect when taking oseltamivir or zanamivir.

#### References:

- Bonner, L. Flu season just got worse. Pharmacy Today [Internet]. American Pharmacists Association. [Published 2014 Dec 4, Accessed 2014 Dec 11]. Available from: <http://www.pharmacist.com/flu-season-just-got-worse>
- Influenza antiviral medications: summary for clinicians [Internet]. Centers for Disease Control and Prevention. [updated 2014 Dec 3, accessed 2014 Dec 11]. Available from: <http://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>
- Oseltamivir, Zanamivir (2014). In Epocrates Essentials for Apple iOS (Version 14.10). [Mobile application software]. Retrieved from: <http://www.epocrates.com/mobile/iphone/essentials>.

## Proper Storage and Administration of Antibiotics

Proper storage and administration of medications is a serious issue, especially with antibiotics that can vary greatly from one agent to another. The following table comprises a list of antibiotic suspensions and how to store and administer them. As antibiotic resistance grows, proper storage and administration has become increasingly important. Patients should continue antibiotics for the entire length of prescribed therapy. The chart below is intended to be a quick reference.

Brand Name	Generic Name	Type of Antibiotic	Expiration	Storage (Refrigeration or Room Temperature)	Administration Instructions & Other Cautions
Amoxil®	Amoxicillin	Penicillin	14 Days	Either <sup>1</sup>	May be taken with or without food.
Augmentin®	Amoxicillin/Clavulanate	Penicillin	10 Days	Refrigerate	Take with food. Storage at room temperature for 4 hours or more may decrease potency.
Biaxin®	Clarithromycin	Macrolide	14 Days	Room Temperature <sup>2</sup>	May be taken without regards to meals. Follow each dose with water or food to rinse mouth. May become bitter tasting if stored in the refrigerator.
Cefzil®	Cefprozil	Cephalosporin	14 Days	Refrigerate	May be taken with or without food
Cipro®	Ciprofloxacin	Fluoroquinolone	14 Days	Either <sup>1</sup>	Preferred dosing is 2 hours after a meal. Drinking extra fluids is recommended. Avoid Mg <sup>2+</sup> , Al <sup>3+</sup> , Ca <sup>2+</sup> , Zn <sup>2+</sup> , or Fe <sup>2+</sup> 2 hours before or after dose.
Cleocin®	Clindamycin	Lincomycin	14 Days	Room Temperature <sup>2</sup>	Take with food
Keflex®	Cephalexin	Cephalosporin	14 Days	Refrigerate	May be taken with or without food. Medication expires after 1 day if stored at room temperature.
Omnicef®	Cefdinir	Cephalosporin	10 Days	Room Temperature <sup>2</sup>	May be taken with or without food. Avoid Al <sup>3+</sup> and Mg <sup>2+</sup> within 1 hour before or 2 hours after dose.
Septra®	Sulfamethoxazole/Trimethoprim	Sulfonamide	N/A <sup>3</sup>	Room Temperature <sup>2</sup>	May be taken with or without food. Take with a full glass of water and increase water intake.
Zithromax®	Azithromycin	Macrolide	10 Days	Room Temperature <sup>2</sup>	May be taken with or without food. Do not take 1 hour before or 2 hours after taking Mg <sup>2+</sup> or Al <sup>3+</sup> .

<sup>1</sup>Placing medication in refrigerator may improve palatability

<sup>2</sup>Storage in refrigerator may thicken the medication and make it difficult to pour an accurate dose.

<sup>3</sup>Consult the package insert for specific product details.

## January 5th Pharmacy Changes

Effective January 5, 2015, the Alabama Medicaid Agency will:

1. **Require prior authorization for payment of atovaquone oral suspension (generic Mepron oral suspension). Brand Mepron oral suspension will be preferred with no PA.**
  - Use Dispense as Written (DAW) Code of 9 for brand Mepron oral suspension. DAW Code of 9 indicates the following: Substitution Allowed by Prescriber but Plan Requests Brand—Patient's Plan Requested Brand Product to be Dispensed.
2. **Update the Preferred Drug List (PDL) to reflect the quarterly updates.** The updates are listed below:

PDL Additions	
Humalog Mix 50-50	Anti-diabetic Agents/Insulins
Humalog Mix 75-25	Anti-diabetic Agents/Insulins
Mepron	Anti-infective Agents/Antiprotozoals, Miscellaneous
Novolog	Anti-diabetic Agents/Insulins
Novolog Mix 70-30	Anti-diabetic Agents/Insulins
PDL Deletions	
Gris-Peg	Anti-infective Agents/Antifungals, Miscellaneous
Infergen	Anti-infective Agents/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 prescribing physician 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.