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Back in Session
With the new school year just around the corner, prescriptions for the treatment of lice will likely increase. To help providers prepare, Medicaid would like to make sure that providers are aware of the products available for the treatment of lice on the preferred drug list (PDL), including prior authorization criteria for covered products. In addition to the prescription products listed on the PDL, there are several over-the-counter (OTC) products available that will be covered with a valid prescription.

Covered OTC Lice Products
(with common brand names)
- Nix® (permethrin)
- RID® (piperonyl/pyrethrin)

Full list of covered OTC products: [http://www.medicaid.ms.gov/OtcArchive.aspx](http://www.medicaid.ms.gov/OtcArchive.aspx)

PDL UPDATE EFFECTIVE
July 1, 2013
Please see the Medicaid website for a comprehensive list of PDL changes, effective July 1, 2013.
MEDICAID UPDATES

LICE PRODUCTS ON THE PDL (continued…)

Excerpt from the MS Medicaid PDL (Effective 07/01/2013) for Antiparasitics

<table>
<thead>
<tr>
<th>THERAPEUTIC DRUG CLASS</th>
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<th>NON-PREFERRED AGENTS</th>
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<tr>
<td>ANTIPARASITICS (Topical)</td>
<td>EURAX (crotamiton) NATROBA (spinosad) permethrin</td>
<td>lindane malathion OVIDE (malathion) SKLICE (ivermectin) ULESFIA (benzyl alcohol)</td>
<td>SmartPA Criteria:</td>
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<td>- Minimum age/weight requirements apply to all drug formulations for the treatment of head lice:</td>
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<tr>
<td></td>
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<td>- Benzyl Alcohol Solution—6 months</td>
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<td>- Ivermectin—6 months</td>
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<td>- Lindane Shampoo—50 kg</td>
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<td>- Malathion—6 years</td>
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<td>- Permethrin 1% - 2 months</td>
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<td></td>
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<td></td>
<td>- Piperonyl/Pyrethrins—2 years</td>
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<td></td>
<td></td>
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<td>- Spinosad—4 years</td>
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</table>

LICE PRODUCT PA CRITERIA

Please Note:

- Treatment with permethrin 1% OR piperonyl/pyrethrin in the past 90 days is required before Natroba will be approved
- Non-preferred agents require a trial of permethrin 1% OR piperonyl/pyrethrin AND Natroba before approval

MEDICAID CONTINUING EDUCATION OPPORTUNITY

POTENTIAL CONTINUING EDUCATION (CE) FROM MS MEDICAID:

In an ongoing effort to promote educational opportunities to improve dispensing practices among Medicaid providers, the Mississippi Division of Medicaid Pharmacy Bureau is considering offering a CE program on a Sunday morning following an Ole Miss home football game. In order to gauge interest among pharmacy providers, please complete a brief survey to let Medicaid know your interest in the CE program, including the topics you would like to learn more about from Mississippi Medicaid.

Click here or paste the following URL into an internet browser: http://bit.ly/MS-DUR
MEDICAID RESOURCES

Preferred Drug List Updates

Starting in 2012, DOM’s Preferred Drug List, or PDL, will undergo an annual review each autumn. The revisions brought about by this annual review will become effective the following January 1st. Throughout the year, there will be quarterly additions or deletions—the next PDL update will be effective on July 1, 2013. Changes outside of January 1st implementation annual review updates will generally be small. Providers are encouraged to monitor the DOM website frequently for advanced notice of these PDL updates.

72 Hour Emergency Supply

A 72-hour emergency supply should be dispensed any time a PA is not available and the prescribed drug must be filled. If the prescriber cannot be reached or is unable to request the PA, the pharmacy should submit an emergency 72-hour prescription. The 72-hour emergency prescription counts against monthly service limits. A pharmacy can dispense a product that is packaged in a dosage form that is fixed and unbreakable (e.g., an albuterol inhaler), as a 72-hour emergency supply. Click Here

Flu & Pneumonia Vaccines

Influenza and pneumonia immunizations are covered services for Medicaid beneficiaries ages 19 and older who are not residents of long-term care facilities. All immunizations for children age 18 and younger must be handled through the Vaccines for Children Program (VFC). MS Medicaid will reimburse drug ingredient cost and dispensing fee, but no administration fee is paid for immunizations administered in the pharmacy. Please follow this link for more information.

Prescription Services Limit

Currently Mississippi state law limits outpatient prescription drug coverage to five drugs monthly; of the five drugs only two may be a brand name medication—preferred brands will not count toward the two brand monthly Rx limit. Beneficiaries up to 21 years old may receive more than the monthly limit provided proof of medical necessity. If a pediatric beneficiary has exhausted their monthly service limit, subsequent claims will be denied with the following message: “PA REQUIRED FOR AGE UNDER 21”. These edits indicate that the beneficiary may qualify for additional benefits provided the submission of a Children’s Medical Necessity prior authorization request.

Medicaid Provider Bulletin

The Mississippi Medicaid Bulletin is a quarterly publication aimed to provide timely information regarding policies that affect Mississippi Medicaid providers. The most recently published bulletins as well as an archive of previously published bulletins may be accessed at www.medicaid.ms.gov/Providers.aspx.

For assistance resolving issues related prior authorizations or coverage, please contact:

Address:
Sillers Building, 550 High Street, Suite 1000
Jackson, MS 39201-1399

Telephone / Fax
Jackson area: 601-359-5253
Toll free: 1-877-537-0722
Fax: 1-877-537-0720

Products with Quantity Limits

A number of products covered by Medicaid have a restricted monthly quantity allowed. An up-to-date list of these products can be located by following the link at http://www.medicaid.ms.gov/Documents/Pharmacy/QuantityLimitsUpdate7-1-10.pdf

Click Here

For more information about Medicaid resources, please visit www.medicaid.ms.gov/Providers.aspx.

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FROM THE MISSISSIPPI DIVISION OF MEDICAID

IMPORTANT INFORMATION

PROVIDER NOTICE: HURRICANE PREPAREDNESS

Hurricane Preparedness:
New pharmacy billing procedures in times of officially declared emergencies

Be sure that your pharmacy is prepared for the upcoming hurricane season. During states of officially declared emergencies, DOM has a new pharmacy point of sale (POS) procedure.

Pharmacists should enter a value of '13-Payor Recognized Emergency' in NCPDP Field '420-DK’ when it is necessary to override the following service limit edits:

- 2 Brand/5 Prescription Limit
- Early Refill

Please note that when the declared emergency announcement is made, the fields noted above will be opened for the specified time period. Pharmacy providers are advised to use professional judgment in emergency situations. The Division of Medicaid may conduct audits after such events to ensure appropriate care was taken in dispensing medications for affected beneficiaries. Providers and beneficiaries residing and/or receiving care not in an evacuation area must have documentation on file to justify rationale for early/excess fills. Medicaid monies may be recouped if supporting documentation is not found.

REMINDEERS ABOUT THE MEDICAID PROGRAM

Here are just a few reminders about the Medicaid program:

- The PDL is only applicable for products billed through the pharmacy point of sale (e.g., Depo Provera obtained through a prescriber and not billed by a pharmacy does not fall under the PDL)
- DOM does not mail out copies of the PDL to providers. Please refer to the Medicaid Pharmacy Services website for the most recent electronic PDL document. http://www.medicaid.ms.gov/Pharmacy.aspx
NEW ICD-9 CODES AT PHARMACY POINT-OF-SALE (POS)

Effective July 1, 2013:
New ICD-9 Codes at Pharmacy Point of Sale (POS)

Effective July 1, 2013, the Division of Medicaid will require specific ICD-9 codes in the pharmacy point of sale (POS) system for the following drugs used to treat cystic fibrosis:

- **Cayston (aztreonam)** *
- **Coly-Mycin M (colistimehtate sodium)** *
- **Pulmozyme (dornase alfa)** *
- **Tobi (tobramycin)** *

*Existing users as of June 30, 2013 will be grandfathered*

Prescriber must write the validating ICD code on the prescription and no manual prior authorization is required. For the comprehensive list of valid ICD codes at POS, refer to Pharmacy Services' webpage at [http://www.medicaid.ms.gov/Pharmacy.aspx](http://www.medicaid.ms.gov/Pharmacy.aspx), and select POS ICD-9 Codes. For other indications for the aforementioned drugs, please submit a prior authorization request.

To process a claim, the pharmacy is to use the following procedure:

1. Submit the diagnosis code (on RX) in the field **Diagnosis Code (492-DO)**
2. Submit qualifier **Diagnosis Code Qualifier (492-WE) = 01**

<table>
<thead>
<tr>
<th>Field</th>
<th>Field Name</th>
<th>Values Supported</th>
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<tr>
<td>492-WE</td>
<td>Diagnosis Code Qualifier</td>
<td>Required when Diagnosis used. 01 = ICD9</td>
</tr>
<tr>
<td>492-DO</td>
<td>Diagnosis Code</td>
<td>Required when diagnosis is needed for designated drug coverage.</td>
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New starts on Kalydeco (ivacaftor) will require a manual PA; existing users will be grandfathered.
DOXYCYCLINE ACCESS ISSUES

It has come to our attention that beneficiaries are experiencing difficulties getting prescriptions for doxycycline filled. Drug shortages and availability issues have created significant price increases for the hyclate formulation. Reimbursement of doxycycline hyclate is based upon the federal upper limits (FUL) which cannot be overridden. However, doxycycline monohydrate is a readily available formulation without an assigned federal upper limit (FUL).

As an option for our beneficiaries and providers, the following doxycycline monohydrate formulations have been moved to preferred status. We encourage providers to prescribe, stock, and dispense doxycycline monohydrate when appropriate for their MS Medicaid beneficiaries:

**Doxycycline Monohydrate 50mg Caps:**
00591041001
49884072601

**Doxycycline Monohydrate 100mg Caps:**
00591041150
49884072703
49884072704

PHARMACY CLAIMS AND VALID PROVIDER TYPES

**Pharmacy Reminder:**
*DOM Pharmacy claims and valid provider types*

Effective July 1, 2013, all pharmacy claim must use a valid provider type's, a person, and not a building, i.e. clinic or hospital's national prescriber identification (NPI) number. A 'prescriber' must be a person, and not a building. In the past, DOM allowed a 'clinic' and 'hospital' NPIs to be used. Effective July 1, 2013 claims using a non-person's NPI deny. Valid provider types are physicians, doctors of osteopathy, podiatrists, dentists, optometrists, nurse midwives, nurse practitioners and physician assistants.
About Drug Utilization Review

The Omnibus Reconciliation Act of 1990 (OBRA) mandated that each State establish a drug use review (DUR) program by January 1, 1993. The Drug Utilization Review (DUR) Board evaluates standards of drug use in the Mississippi Division of Medicaid’s drug program and is responsible for conducting both retrospective and prospective drug use reviews (DURs). The purpose of the DUR program is to improve the quality of pharmaceutical care by ensuring that prescriptions are appropriate, medically necessary, and that they are not likely to cause adverse medical results.

MS-DUR STAFF

Kyle D. Null, PharmD, PhD
Clinical Director, MS-DUR

Ben Banahan, PhD
Project Director, MS-DUR

Ruchit Shah
Systems Analyst

Nancy Jones
Project Coordinator

DUR Analysts
Amod Athavale, MS
Manasi Datar, MS
Rohan Mahabaleshwarkar, MS
Sasi Nunna
Sujith Ramachandran

The Mississippi Evidence-Based DUR Initiative (MS-DUR) performs the retrospective drug utilization review (DUR) for the Mississippi Division of Medicaid. Based on activities of the DUR Board and claims reviews, MS-DUR provides educational outreach to health care practitioners on drug therapy to improve prescribing and dispensing practices for Mississippi Division of Medicaid beneficiaries. The MS-DUR website, found at www.msdur.org, has resources for providers, including the “Mississippi Medicaid Pharmacy Update” newsletters and special initiatives developed to assist providers in selecting therapy, like the “Medicaid Cough and Cold Quick List.”

We recommend adding this link to your favorites as you will find it very helpful.

The purpose of this newsletter is to provide new information relevant to providers serving Mississippi Medicaid beneficiaries and to “revoice” some of the information provided in the Mississippi Medicaid Provider Bulletin. You will occasionally receive communication from MS-DUR though Mississippi Medicaid, the Mississippi Pharmacist’s Association, or directly from us. We hope this information is helpful to your practice and we value your comments and suggestions. Please email kdnull@olemiss.edu to provide feedback or to recommend topics for future newsletters. Please contact Medicaid (See Page 3) for assistance resolving issues related to prior authorizations or coverage.