

**Inside This Issue**

Medicaid Quality Initiatives	1-2
New PA Form	2
Medicaid Resources	3
Prescribers Must Enroll in Medicaid	4
Pharmacy Program Changes	5
Some CHIPS beneficiaries moving to FFS Medicaid	6
Reminders about the Medicaid program	
Preferred Brand Name Drugs	
FDA Safety Alerts About MS-DUR	7

**MEDICAID QUALITY INITIATIVES**

**QUALITY INITIATIVES**

The Division of Medicaid Pharmacy Bureau has several quality initiatives for the upcoming year. Mississippi Medicaid’s Drug Utilization Review (DUR) Board, comprised of twelve physicians and pharmacists that serve Medicaid beneficiaries, recommended these issues be reviewed and the results be communicated with health care providers. These quality initiatives focus on chronic conditions including asthma, coronary artery disease, diabetes, dyslipidemia, and hypertension.

***Asthma Medication Use***

This initiative seeks to identify beneficiaries with asthma who are potentially overutilizing their inhaled short-acting beta agonists in a short period of time – receiving at least 3 canisters over a 90 day period – with and without controller therapy. The goal of this initiative is to alert prescribers of this utilization and to increase the use of controller therapies in these individuals.

*(Continued on page 2)*

**MOST RECENT PDL UPDATE  
 EFFECTIVE  
 January 1, 2014**

Please see the [Medicaid website](#) for a comprehensive list of PDL changes, effective January 1, 2014.



Affix  
 Postage

Business Name  
 Primary Address Line 1  
 Primary Address Line 2  
 City, State ZIP Code

# MEDICAID UPDATES

## MS Medicaid Quality Initiatives (continued...)

(Continued from page 1)

### ***Lipid Lowering Therapies in Coronary Artery Disease***

This initiative seeks to identify beneficiaries with coronary artery disease that may not be on lipid lowering therapies, with the goal being to increase the number of beneficiaries on lipid lowering therapy.

### ***Adherence Initiatives for Diabetes, Hypertension, and Dyslipidemia***

This initiative seeks to identify beneficiaries that are not adherent to their diabetes, hypertension, and dyslipidemia medications by reviewing gaps between refilling prescriptions. Since many prescribers

are unaware of their patient's actual refill patterns, the goal of this initiative is to improve adherence on these important medications by letting providers know when their patients become non-adherent.

### **WHAT WILL BE REQUIRED OF YOU?**

If your patients are flagged in the analyses, providers will receive a letter communicating the background of the initiative and how their patient was identified. These notices will be simply for your information and no action is required on your part, but it might be useful to discuss the content of the letters with the named patient during their next visit.

## NEW PHARMACY PRIOR AUTHORIZATION (PA) MANUAL FORM

**EFFECTIVE 1-1-2014:** In accordance to state law passed in the 2013 legislative session, health benefit plans, including Medicaid, are directed to establish a standardized pharmacy prior authorization form. Before submitting a PA request, remember to check for options not requiring PA on the current PDL at <http://www.medicaid.ms.gov/Pharmacy.aspx>. DOM encourages Medicaid providers to use preferred agents whenever possible; most preferred drugs do not require PA.

- a. To access Pharmacy PA form, go to <http://www.medicaid.ms.gov/Pharmacy.aspx>, and click on Prior Authorization.
- b. New form to be posted on line by December 1, 2013.
- c. **Effective 1-1-2014**, in order for DOM to be in compliance with state law, submissions on forms used previously **can no longer be accepted** for Medicaid beneficiaries and **will be returned to the prescriber**.
- d. Select appropriate drug specific information and include both pages. Incomplete forms will be returned.

# MEDICAID RESOURCES

## Preferred Drug List Updates

Starting in 2012, DOM's Preferred Drug List, or PDL, undergoes 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 **previous PDL update was effective from January 1, 2014**. 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](#)

## 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.

## 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.

## 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](http://www.medicaid.ms.gov/Providers.aspx).

## 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>

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

# IMPORTANT INFORMATION

## FROM THE MISSISSIPPI DIVISION OF MEDICAID

### PRESCRIBERS MUST ENROLL IN MEDICAID

**Effective 1-1-2014**, in accordance with Federal guidelines, prescribers who write prescriptions for Medicaid beneficiaries must be enrolled as Medicaid providers. Prescribers who do not bill Medicaid for professional services, but write prescriptions for Medicaid patients must enroll as an Ordering, Referring, Prescribing (ORP) provider type.

#### For Pharmacy POS Claims

- Prescription claims with a date written on or after January 1, 2014 must be written by a prescriber who has a valid and active MS Medicaid enrollment which is verified by the prescriber's NPI number. NPI numbers are validated against the National Plan and Provider Enumeration System Registry (NPPES).
- Prescriptions written by non-Medicaid providers will post NCPDP Reject '56-Non Matched Prescriber ID' with the accompanying message 'FED LAW REQUIRES ALL MEDICAID PRESCRIBERS ARE ENROLLED AS A MEDICAID PROVIDER. NPI SUBMITTED ON CLAIM MUST BE THE ACTUAL PRESCRIBER ON THE RX, ANY OTHER IS CONSIDERED FRAUD'.
- If the Prescriber's NPI number is not enrolled with Medicaid as a valid and/or active provider, then that prescriber will have a grace period of 90 days to enroll.
- Beginning 1-1-14, first time claims, received for non-Medicaid providers "with a date written" on or after 1-1-2014, will generate letters to these non-Medicaid prescribers with enrollment instructions for MS Medicaid. If these prescribers do not enroll during their 90 day grace period, then their Medicaid prescriptions, on day 91 and thereafter, will deny.
- Pharmacy claims will not actually start denying until April 1, 2014 and after.

#### What is the Pharmacist's Role?

1. Be sure to enter the correct NPI for the prescriber. This is important because if the NPI number is not enrolled, then a letter, providing enrollment instructions, to the prescriber will be generated. Remember that the NPI on the claim must be the prescriber of the prescription. *Any other NPI used is considered fraud.*
2. Remind prescribers to enroll if you continue to see NCPDP Reject '56-Non Matched Prescriber ID' on that prescriber's claims.

# IMPORTANT INFORMATION

## FROM THE MISSISSIPPI DIVISION OF MEDICAID

### PHARMACY PROGRAM CHANGES, EFFECTIVE JANUARY 1, 2014

There are several MS Medicaid Pharmacy initiatives effective January 1, 2014. In order that your pharmacy is prepared for these changes, please take a moment to review the entire notice, entitled Fall 2013 Provider Program Notice, posted on the Pharmacy Services page located at <http://www.medicaid.ms.gov/Pharmacy.aspx>

**Billing changes: Over the counter (OTC) drugs, for beneficiaries residing in long term care facilities:** Effective January 1, 2014, over the counter drugs (OTCs) can no longer be billed to MS Medicaid as a point of service (POS) claim for beneficiaries residing in LTC facilities, i.e. NH (nursing homes), ICFMR (intermediate care facilities for the mentally retarded), and PRTFs (psychiatric residential treatment facilities). For these beneficiary populations, DOM's OTC formulary items, <http://www.medicaid.ms.gov/Pharmacy.aspx>, are now considered 'stock items' and are to be included in the facility's cost report. The only exclusions to this policy are as follows:

- a. OTC insulin: bill dually eligible beneficiary's Medicare Part D plan; for the Medicaid only, bill Medicaid as a POS claim.
- b. Pseudoephedrine and Pseudoephedrine combination products limited to agents listed on the OTC formulary: since these agents are classified as controlled substances in MS, for the dually eligible and Medicaid only, bill Medicaid as a POS claim.
- c. Guaifenesin/codeine limited to agent(s) listed on the OTC formulary: since this agent is classified as controlled substance in MS, for the dually eligible and Medicaid only, bill Medicaid as a POS claim.

**Preferred Drug List (PDL) Update:** Medicaid's PDL was updated 1-1-2014.

- a. To locate the current PDL, go to <http://www.medicaid.ms.gov/Pharmacy.aspx> and select the MS Preferred Drug document from the menu on the left hand side of the page.
- b. To view the document in its entirety, go to 'MS PDL Effective January 1, 2014.' To reference the preferred/non-preferred additions and deletions, see 'MS PDL Changes-Provider Notice, effective January 1, 2014.' We recommend adding this link to your favorites as you will find it very helpful.

# IMPORTANT INFORMATION

## FROM THE MISSISSIPPI DIVISION OF MEDICAID

### LIMITED NUMBER OF CHIP BENEFICIARIES MOVING TO MEDICAID FFS

In accordance with new federal guidelines, some CHIP beneficiaries will become Medicaid FFS eligible on January 1, 2014. Beneficiary identification numbers for CHIP and Medicaid are the same. When processing a pharmacy claim for a CHIP beneficiary who becomes eligible for Medicaid FFS on 1-1-2014, the following message will be returned to pharmacy providers:

**Bill Medicaid BIN 610084, PCN DRMSPROD, GROUP SIPPI. Issues call 800-884-3222.**

### REMINDERS 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)
- Medicaid is **always** the payer of last resort. Please refer to the billing instructions: [http://www.medicaid.ms.gov/Documents/Pharmacy/September\\_Bulletin\\_2004CostAvoid\\_excerpt.pdf](http://www.medicaid.ms.gov/Documents/Pharmacy/September_Bulletin_2004CostAvoid_excerpt.pdf)
- 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>

### PREFERRED BRAND NAME DRUGS

There are some cases when a brand name drug may be less costly to Medicaid than its generic counterpart.

The following is a partial list of **common preferred brands with non-preferred generics** (alphabetical).

#### PREFERRED BRANDED AGENTS WITH NON-PREFERRED GENERICS

ANTARA (fenofibrate)	FLOMAX (tamsulosin)	PAXIL SUSPENSION (paroxetine)
ASTELIN (azelastine)	FLONASE (fluticasone)	PULMICORT (budesonide) FLEXHALER
AUGMENTIN XR (amoxicillin/clavulanate)	IMITREX NASAL (sumatriptan)	PULMICORT (budesonide) RESPULES, 0.25mg & 0.5mg
AVALIDE (irbesartan/HCTZ)	LEXAPRO (escitalopram)	RIBAPAK DOSPACK (ribavirin)
AVAPRO (irbesartan)	LOTREL (benazepril/amlodipine)	SINGULAIR (montelukast)
COUMADIN (warfarin)	METROGEL (metronidazole)	TARKA (trandolapril/verapamil)
DIASTAT (diazepam rectal gel)	NASAREL (flunisolide)	UROXATRAL (alfuzosin)
		WELLBUTRIN XL (bupropion HCl)

# SAFETY ALERTS

## Select FDA Drug Safety Labeling Changes

### **Concomitant administration of Glucovance (glyburide and metformin HCl) and Glynase (micronized glyburide) tablets with Tracleer (bosentan) Contraindication**

[October 2013] The FDA updated the labeling of Glucovance (glyburide and metformin HCl) and Glynase (micronized glyburide) tablets to include a contraindication with concomitant use of Tracleer (bosentan) leading to increased risk of liver enzyme elevations.

### **Co-administration of Incivek (telaprevir) tablets with anticonvulsants Contraindication**

[October 2013] The FDA approved labeling changes for Incivek (telaprevir) film coated tablets to include a contraindication with anticonvulsants including carbamazepine, phenobarbital, and phenytoin.

### **Co-administration of Lysteda (tranexamic acid) tablets with hormonal contraceptives Contraindication**

[October 2013] The FDA modified the label for Lysteda (tranexamic acid) tablets. Because Lysteda is antifibrinolytic, the risk of venous thromboembolism, as well as arterial thromboses such as stroke, may increase further when hormonal contraceptives are administered with Lysteda.

### **Co-administration of Tikosyn (dofetilide) capsules and dolutegravir Contraindication**

[December 2013] The FDA approved a labeling change for Tikosyn (dofetilide) capsules. It is contraindicated in patients on dolutegravir.

For a complete listing of drug safety labeling changes, please visit the FDA MedWatch site at: <http://www.fda.gov/Safety/MedWatch/>



### *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 is Mississippi Medicaid's Drug Utilization Review Vendor*



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.msdu.org](http://www.msdu.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."

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 through 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 contact Medicaid (See Page 3) for assistance resolving issues related to prior authorizations or coverage.

### MS-DUR STAFF

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

**Ben Banahan, PhD**  
Project Director, MS-DUR

**Nancy Jones**  
Project Coordinator