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**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

**MOST RECENT PDL UPDATE  
 EFFECTIVE  
 October 1, 2013**

Please see the [Medicaid website](#) for a comprehensive list of PDL changes, effective October 1, 2013.

**MS | DUR**

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# MEDICAID UPDATES

## PRESCRIBERS MUST ENROLL IN MEDICAID (continued...)

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.

## 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 next PDL update will be effective on 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

### 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.

### 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>

# 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 will be 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

### PA REQUIRED ON SELECT OTIC FLUOROQUINOLONES

Effective January 1, 2014, the **preferred otic fluoroquinolone/corticosteroid products, Cipro HC and CiproDex, will require a prior authorization (PA) for patients 8 years of age and older.** The purpose of the age edit is to encourage the use of more cost effective otic antibiotic/corticosteroid combination products for the treatment of acute otitis externa, such as Coly-Mycin S, Cortisporin-TC or neomycin/polymyxin/hydrocortisone.

For patients who are 8 years of age or older who have experienced a therapeutic failure with or have medical contraindications with a preferred combination product, a PA may be requested.

It is important to note that Cipro HC and neomycin containing combinations are NOT appropriate for any person with a non-intact tympanic membrane. Additionally, if the patient is 8 years of age or older and has tympanostomy tubes and requires CiproDex, a PA may be requested. The majority of the patients being treated for acute otitis media with tubes or acute otitis externa (who may or may not have tympanostomy tubes), will not be affected by this age edit as no PA will be needed for patients under the age of 8.

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

In accordance to 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.**

### MS MEDICAID OVER-THE-COUNTER (OTC) LIST

Mississippi Medicaid covers select OTC drugs pursuant to a written/verbal/electronic prescription. A list of covered OTC drugs (effective October 1, 2013) may be found at:

<http://www.medicaid.ms.gov/Documents/Pharmacy/OTClistforWebEffective%2010-1-2013.pdf>

OTC prescriptions are included in the monthly drug benefit limit, but all count as generics

# SAFETY ALERTS

## Select FDA Drug Safety Labeling Changes

### Sarafem (fluoxetine hydrochloride) Tablets Use with MAOIs

**Contraindication**

[July 2013] The FDA updated the labeling of Sarafem (fluoxetine hydrochloride) tablets to include a contraindication that Monoamine Oxidase Inhibitors (MAOIs) should not be prescribed with Sarafem or within 5 weeks of stopping treatment with Sarafem due to the risk of serotonin syndrome. The use of Sarafem within 14 days of stopping an MAOI is also contraindicated.

### Premature discontinuation of Xarelto (Rivaroxaban) Tablets

**Boxed Warning**

[August 2013] The FDA updated the labeling of Xarelto (rivaroxaban) tablets to include a boxed warning that premature discontinuation of Xarelto increases the risk of thrombotic events and spinal/epidural hematoma.

### Letairis (ambrisentan) Tablets in pregnant women

**Contraindication**

[August 2013] The FDA updated the labeling of Letairis (ambrisentan) tablets to include a warning that it is contraindicated among pregnant women due to its ability to cause fetal harm.

### Co-administration of Nizoral with dofetilide, quinidine, pimozide, and cisapride

**Boxed Warning**

[September 2013] The FDA updated the labeling of Nizoral tablets. Prescribing dofetilide, quinidine, pimozide, and cisapride in a patient who is on Nizoral can cause elevated plasma concentrations of these drugs and may prolong QT intervals, sometimes resulting in life-threatening ventricular dysrhythmias such as torsades de pointes.

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.msdur.org](http://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."

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.

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