MISSISSIPPI DIVISION OF MEDICAID

Pharmacy Update

MISSISSIPPI DIVISION OF MEDICAID

Quarterly News Letter | Volume 2 , Issue 3 | Spring 2013

Inside This Issue

PDL UPDATE EFFECTIVE APRIL 1, 2013

Please see Pages 7-8 of this newsletter for a comprehensive list of PDL changes, effective April 1, 2013. Please see the Medicaid website for the most recent version.

CLAIM REJECTION MESSAGES

NCPDP Rejects and Free Text

When a pharmacy claim is submitted to Medicaid, there are a number of processes that occur "behind the scenes" before the pharmacy receives a "paid" claim. It's not uncommon to hear the words "rejected claim" when a prescription is not adjudicated for one reason or another. Sometimes these "rejections" are due to: safety reasons (e.g., drug-drug interactions), clinical reasons, a drug being non-preferred, benefit limits, etc.

Medicaid sends two (2) types of DUR messages for rejected prescription claims. Check with your pharmacy software vendor to make sure you are seeing them both.
(See page 2 for an example)

Are You Seeing the Whole Story?

When claims are rejected, pharmacies receive messages from the "switch" where adjudication of the prescription occurs. Sometimes these messages may seem like they don't tell the whole story. You might ask yourself, "why are plan limits exceeded? Are they out of "marks?" The Medicaid "switch" sends back 2 messages to the pharmacy, NCPDP reject codes and a free text description — make sure you are seeing them both.

Continued on page 2

MS | DUR

Affix Postage

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

MEDICAID UPDATES

CLAIM REJECT MESSAGES (continued...)

Not all claim reject messages have a free text message. Medicaid is updating the free text messages, so more are available to pharmacists. If your pharmacy software does not display the free text message like the example shown here, please check with your pharmacy software vendor. Please note that some stores, especially chains, have their own internal edits which may cause claims to reject before they are even transmitted to Medicaid.

2 Types of Messages:

1. **NCPDP Reject Code**
2. **Free Text Message**

DUR Message Example

1

NCPDP Message:

NCPDP Reject Code 75—AGE IS <FDA APPROVED MINIMUM

2

Free Text Message:

AGE IS LESS THAN THE RECOMMENDED MINIMUM AGE FOR THIS DRUG. MUST SUBMIT AGE WAIVER SIGNED BY PRESCRIBER FOR APPROVAL.

PHARMACY CONTINUING EDUCATION CORNER

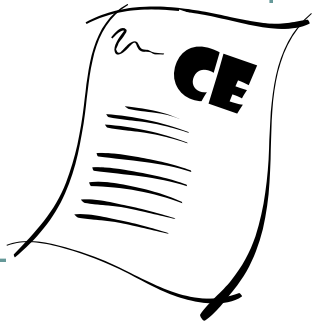
CONTINUING EDUCATION (CE) AVAILABLE FROM DRUG STORE NEWS:

PHARMACISTS RESPONBILITY IN APPROPRIATE CONTROLLED SUBSTANCE DISPENSING

In an ongoing effort to promote educational opportunities to improve dispensing practices among Medicaid providers, the Mississippi Division of Medicaid Pharmacy Bureau would like to make you aware of a continuing education opportunity relevant to your practice. Drug Store News is solely responsible for awarding CE credit.

Click here or paste the following URL into an internet browser:
http://tinyurl.com/c4wt8mc

CE CORNER



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 **with the first such update occurring on January 1, 2013**. 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

ICD-9s at POS Reminder

Effective July 1, 2012, the DOM will accept specific ICD-9 codes at the pharmacy point of sale (POS) for the following drugs ***only:***

- Xarelto –limited to ***hip replacement; and knee replacement***
- Effient –limited to ***unstable angina***; ***STEMI***; and ***NSTEMI***
- Brilinta—limited to ***unstable angina***; ***STEMI***; and ***NSTEMI***
- Suboxone/Subutex—limited to ***opioid dependence***

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.

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:

MISSISSIPPI DIVISION OF MEDICAID

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

NEW MISCELLANEOUS BRAND/GENERIC PDL CATEGORY

Watch for the new miscellaneous brand/generic category on the PDL list effective January 1, 2013.

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS
MISCELLANEOUS BRAND/GENERIC		
	CLONIDINE	
	CATAPRESS-TTS (clonidine) clonidine tablets	clonidine patches CATAPRESS (clonidine)
	MISCELLANEOUS	
	MEGACE ES (megestrol) SUBOXONE (buprenorphine/naloxone)	KALYDECO (ivacaftor) KORLYM (mifepristone) megestrol suspension 625mg/5ml
	SELECT ORAL CONTRACEPTIVES	
	ALL ORAL CONTRACEPTIVES ARE PREFERRED EXCEPT FOR THOSE SPECIFICALLY INDICATED AS NON-PREFERRED	BEYAZ (ethinyl estradiol/drospirenone/levomefolate) Gianvi (ethinyl estradiol/drospirenone) norethindrone/ethinyl estradiol/fe chew tab Ocella (ethinyl estradiol/drospirenone)
	SUBLINGUAL NITROGLYCERIN	
	nitroglycerine lingual 12gm nitroglycerine sublingual NITROLINGUAL PUMPSPRAY (nitroglycerine) 12 gm NITROSTAT SUBLINGUAL (nitroglycerine)	nitroglycerine lingual 4.9gm NITROLINGUAL (nitroglycerine) 4.9gm NITROMIST (nitroglycerine)

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 CR (paroxetine)
ASTELIN (azelastine)	FLONASE (fluticasone)	PAXIL SUSPENSION (paroxetine)
AUGMENTIN XR (amoxicillin/clavulanate)	IMITREX NASAL (sumatriptan)	PULMICORT (budesonide) FLEXHALER
AVALIDE (irbesartan/HCTZ)	LEXAPRO (escitalopram)	PULMICORT (budesonide) RESPULES
AVAPRO (irbesartan)	LOTREL (benazepril/amlodipine)	RIBAPAK DOSPACK (ribavirin)
COUMADIN (warfarin)	LOVENOX (enoxaparin)	SINGULAIR (montelukast)
DIASTAT (diazepam rectal gel)	MAXALT (rizatriptan)	TARKA (trandolapril/verapamil)
DURAGESIC (fentanyl)	METROGEL (metronidazole)	UROXATRAL (alfuzosin)
EFFEXOR XR (venlafaxine)	NASAREL (flunisolide)	WELLBUTRIN XL (bupropion HCl)

IMPORTANT INFORMATION

FROM THE MISSISSIPPI DIVISION OF MEDICAID

PDL COVERAGE CHANGES FOR GENERIC SUMATRIPTAN AND RIZATRIPTAN

EFFECTIVE 04/01/2013, GENERIC SUMATRIPTAN AND RIZATRIPTAN TABLETS WILL BECOME NON-PREFERRED

This change was recommended by the DOM Pharmacy and Therapeutics Committee at the February 2013 meeting. **Please note that patients currently on these medications will not be grandfathered. The status of nasal and injectable formulations on the PDL will not change.** Below is an excerpt from the DOM PDL which includes preferred agents for the treatment of migraine.

Excerpt from the MS Medicaid PDL (Effective 04/01/2013) for Oral Antimigraine Agents

THERAPEUTIC DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS
ANTIMIGRAINE AGENTS, TRIPTANS SmartPA		
	ORAL	
	MAXALT (rizatriptan) MAXALT MLT(rizatriptan) RELPAX (eletriptan) TREXIMET (sumatriptan/naproxen) ZOMIG (zolmitriptan)	AMERGE (naratriptan) AXERT (almotriptan) FROVA (frovatriptan) IMITREX (sumatriptan) naratriptan rizatriptan sumatriptan
	NASAL	
	IMITREX (sumatriptan)	sumatriptan ZOMIG (zolmitriptan)
	INJECTABLE	
	sumatriptan	IMITREX (sumatriptan)

ABILIFY® TABLET SPLITTING

The Division of Medicaid (DOM) Pharmacy and Therapeutics Committee made a recommendation that tablet splitting be required in order to keep Abilify® the preferred drug for this class and to continue providing coverage for all needed and medically acceptable doses while reducing costs for Medicaid. As of February 22, 2013, the DOM requires tablet splitting for prescriptions of Abilify® at doses that can be achieved by splitting a higher strength tablet.

Abilify® prescriptions will be electronically processed at the time of pharmacy dispensing and will automatically receive prior authorization (PA) approval if they adhere to the guidelines for tablet splitting. Although labeling indicates QD dosing, DOM recognizes that special situations regarding pharmacokinetics with children and elderly occur where BID dosing may be desired and that some patients and/or their caregivers may be unable to split tablets. In these situations, the electronic PA process will issue a denial and a PA request will have to be submitted to DOM by fax or Web Portal.

A provider summary sheet of these changes is included beginning on Page 9 of this newsletter and is also available on the MS-DUR website at www.msdur.org under the “MS DUR Resources for Providers” tab.

SAFETY ALERTS

FDA MedWatch

Combigan (brimonidine tartrate/timolol maleate) 0.2%/0.5% ophthalmic solution in neonates and infants **Contraindication**

[October 2012] In October 2012, the FDA updated the labeling of Combigan (brimonidine tartrate/timolol maleate) ophthalmic solution to include that it is contraindicated in neonates and infants (under the age of 2 years).

Letairis (ambrisentan) tablets in patients with Idiopathic Pulmonary Fibrosis **Contraindication**

[October 2012] In October 2012, the FDA updated the labeling of Letairis (ambrisentan) tablets to include a contraindication in patients with Idiopathic Pulmonary Fibrosis (IPF) including IPF patients with pulmonary hypertension. Use of Letairis in such patients is known to cause asthenia, dizziness, and fatigue.

Use of tricyclic antidepressants in patients treated with linezolid **Contraindication**

[October—December 2012] From October 2012 to December 2012, the FDA updated the class labeling of tricyclic antidepressants. Prescribing tricyclic antidepressants to a patient who is being treated with linezolid is contraindicated because of an increased risk of serotonin syndrome.

Drugs affecting the renin-angiotensin system along with aliskiren in patients with diabetes **Warning**

[October—December 2012] From October 2012 to December 2012, the FDA updated the labeling of drugs affecting the renin-angiotensin system to include a warning that aliskiren should not be co-administered with them in patients with diabetes. Dual blockade of the RAS with angiotensin receptor blockers, ACE inhibitors, or aliskiren is associated with increased risks of hypotension, hyperkalemia, and changes in renal function (including acute renal failure) compared to monotherapy.

Zytiga (abiraterone acetate) Tablets in pregnant women **Contraindication**

[December 2012] In December 2012, the FDA updated the labeling of Zytiga tablets to include a warning that it is contraindicated among pregnant women due to its ability to cause fetal harm.

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

MS | DUR

The Mississippi Evidence-Based DUR Initiative (MS-DUR) performs the retrospective drug utilization review (rDUR) for the Mississippi Division of Medicaid. The MS-DUR advises the Mississippi Division of Medicaid Drug Utilization Review Board and provides educational outreach to health care practitioners on drug therapy to improve prescribing and dispensing practices for Mississippi Division of Medicaid beneficiaries. The goal of MS-DUR is to advance the discipline of drug utilization review (DUR) for federal, state, and commercial entities by developing and championing best practices in DUR. The MS-DUR is intended to be an information sharing and education-focused entity, not a punitive program. MS-DUR provides information for health care practitioners serving Mississippi Medicaid beneficiaries to assist with the continued evaluation and management of the patient's medication requirements.

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 from us directly. 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.

MS-DUR STAFF

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Mississippi Division Of Medicaid
Preferred Drug List Changes
P&T Meeting Date: February 12, 2013
PDL Changes Effective Date: April 1, 2013

The following changes will be made to the Preferred Drug List (PDL), effective April 1, 2013, pending recommendation and/or approval by the P&T Committee, DOM, and DOM's Executive Director.

For a comprehensive PDL, refer to http://www.medicaid.ms.gov/Pharmacy.aspx.

NEW PREFERRED DRUGS	
THERAPEUTIC CLASS	**RECOMMENDED for PREFERRED STATUS**
None	None

NEW NON-PREFERRED DRUGS	
THERAPEUTIC CLASS	**RECOMMENDED for NON-PREFERRED STATUS**
Angiotensin Modulators	Candesartan/HCTZ
Angiotensin Modulators	Losartan/HCTZ
Anticonvulsants	***Carbamazepine XR***
Anticonvulsants	Tiagabine
Antimigraine Agents, Triptans	Rizatriptan
Antimigraine Agents, Triptans	Sumatriptan (oral)
Bladder Relaxant Preparations	MYRBETRIQ (mirabegron)
Bone Resorption Suppression & Related Agents	BINOSTO (alendronate)
Bronchodilators & COPD Agents	TUDORZA PRESSAIR (aclidinium)
Cytokine & CAM Antagonists	XELJANZ (tofacitinib)
Multiple Sclerosis Agents	AUBAGIO (teriflunomide)
NSAIDs	Diclofenac/misoprostol
NSAIDs	Ketoprofen
NSAIDs	Piroxicam
Pancreatic Enzymes	PERTZYE (pancrelipase)
Pancreatic Enzymes	ULTRESA (pancrelipase)
Skeletal Muscle Relaxants	LORZONE (chlorzoxazone)

NEW THERAPEUTIC CLASSES/DRUGS	
NEW THERAPEUTIC CLASS	**RECOMMENDED for PREFERRED STATUS**
Genital Warts & Related Agents	ALDARA (imiquimod)**
Genital Warts & Related Agents	CONDYLOX (podofilox)
Parathyroid Agents	Calcitriol
Parathyroid Agents	Ergocalciferol
Parathyroid Agents	ZEMPLAR (paricalcitol)

Mississippi Division Of Medicaid
Provider Notice
Preferred Drug List Changes
EFFECTIVE DATE: APRIL 1, 2013

NEW THERAPEUTIC CLASSES/DRUGS	
NEW THERAPEUTIC CLASS	**RECOMMENDED for Non-PREFERRED STATUS**
Genital Warts & Related Agents	Imiquimod
Genital Warts & Related Agents	PICATO (ingenol)
Genital Warts & Related Agents	Podofilox
Genital Warts & Related Agents	VEREGEN (sinecatechins)
Genital Warts & Related Agents	ZYCLARA (imiquimod)
Parathyroid Agents	DRISDOL (ergocalciferol)
Parathyroid Agents	HECTROL (doxercalciferol)
Parathyroid Agents	ROCALTROL (calcitriol)
Parathyroid Agents	***SENSIPAR (cinacalcet)***

For changes in red italics, existing users as of 3-31-13 will be grandfathered; for carbamazepine XR, only users with a seizure diagnosis will be grandfathered, others will need to change to the preferred branded product.

**Age edit; covered for those 12 years of age and older

March, 2013

Dear Doctor:

IMPORTANT INFORMATION ABOUT CHANGES IN MISSISSIPPI DIVISION OF MEDICAID COVERAGE FOR ABILIFY®

In a recent meeting the Division of Medicaid (DOM) Pharmacy and Therapeutics Committee made a recommendation that tablet splitting be required in order to keep Abilify® the preferred drug for this class and to continue providing coverage for all needed and medically acceptable doses while reducing costs for Medicaid. The purpose of this letter is to inform you that as of February 22, 2013, the DOM requires tablet splitting for prescriptions of Abilify® at doses that can be achieved by splitting a higher strength tablet.

Abilify® prescriptions will be electronically processed at the time of pharmacy dispensing and will automatically receive prior authorization (PA) approval if they adhere to the guidelines for tablet splitting. Although labeling indicates QD dosing, DOM recognizes that special situations regarding pharmacokinetics with children and elderly occur where BID dosing may be desired and that some patients and/or their caregivers may be unable to split tablets. In these situations, the electronic PA process will issue a denial and a PA request will have to be submitted to DOM by fax or Web Portal.

The enclosed Provider Summary Sheet includes a table to help you when writing Abilify® prescriptions using tablet splitting. First determine the daily dosing needed, then select the daily dosing schedule desired. The table will then provide the dosing, strength tablet and number of tablets you should write on the prescription.

We have prepared the Provider Summary Sheet to assist you in writing Abilify® prescriptions because we understand that tablet splitting does make prescriptions somewhat more complicated. However, the DOM is committed to working with all providers to continue delivering the highest quality of care possible to Medicaid beneficiaries while at the same time minimizing the costs to the state when possible. If you encounter any problems with the approval of prescriptions you believe meet the guidelines for electronic PA approval, please contact the Division of Medicaid Prior Authorization Unit at 877-537-0722.

Additional copies of the Provider Summary Sheet can be obtained at the MS-DUR website – www.pharmacy.olemiss.edu/cpmm/msdurresourcesforproviders.html.

Sincerely,

Kyle D. Null, Pharm.D.
Clinical Director
MS-DUR

Judith P. Clark, R.Ph.
Director, Pharmacy Bureau
Division of Medicaid

Enclosure: Abilify® Provider Summary Sheet

MISSISSIPPI DIVISION OF MEDICAID

ABILIFY® DOSING AND TABLET SPLITTING

Provider Summary Sheet

In a recent meeting the Division of Medicaid (DOM) Pharmacy and Therapeutics Committee made a recommendation that tablet splitting be required in order to keep Abilify® the preferred drug for this class and to continue providing coverage for all needed and medically acceptable doses while reducing costs for Medicaid. Effective February 22, 2013, the Division of Medicaid (DOM) requires tablet splitting for prescriptions of Abilify® at doses that can be achieved by splitting a higher strength tablet. Abilify® prescriptions will be electronically processed and will automatically receive prior authorization (PA) approval if they adhere to the following guidelines. Although labeling indicates QD dosing, DOM recognizes that special situations will occur requiring BID dosing or where patients are unable to split tablets. These prescriptions will require PAs be submitted by fax or Web Portal.

Division of Medicaid Criteria for Abilify®

- Any doses of Abilify® that can be achieved by splitting a higher strength tablet must be dispensed with dosing instructions for tablet splitting.
- To facilitate tablet splitting, DOM will cover one tablet splitter per year for beneficiaries living at home and taking doses requiring tablet splitting.
- Pharmacies please note that at least one claim for a tablet splitting dose must be processed before the claim for a tablet splitter is submitted
- Tablet splitters are reimbursed as an OTC and do not count toward the service limit of 5 prescriptions/month.

This table provides guidance on how to write Abilify® prescriptions with tablet splitting:

❶ *Determine daily dose needed,*
❷ *Determine daily dosing schedule desired,*
❸ *Write prescription for strength, dosing schedule and number of tabs indicated*

Example 30 day prescription			
❶ ↓		❷ → Daily dosing schedule desired	
		QD DOSING	BID DOSING
Daily dose needed *(bold doses are commercially)*	**2 mg** →	**2 mg** QD - qty 30	**2 mg** 1/2 BID - qty 30
	2.5 mg →	**5 mg** 1/2 QD - 15 tabs	NA
	4 mg →	**2 mg** 2 QD - qty 60	**2 mg** BID - qty 60
	5 mg →	**10 mg** 1/2 QD - 15 tabs	**5 mg** 1/2 BID - qty 30
	7.5 mg →	**15 mg** 1/2 QD - 15 tabs	NA
	10 mg →	**20 mg** 1/2 QD - 15 tabs	**10 mg** 1/2 BID - qty 30
	15 mg →	**30 mg** 1/2 QD - 15 tabs	**15 mg** 1/2 BID - qty 30
	20 mg →	**20 mg** QD - qty 30	**20 mg** 1/2 BID - qty 30
	30 mg →	**30 mg** QD - qty 30	**30 mg** 1/2 BID - qty 30
		Electronic PA approval	*Manual PA required (fax or Web Portal)*

Prepared by:

MS|DUR Evidence-Based DUR Initiative
The University of Mississippi School of Pharmacy

Ver. 04/05/2013

Medicaid PA Unit: Phone 877-537-0722
Fax 877-537-0720

Copies of this Summary Sheet are available at:
www.pharmacy.olemiss.edu/cpmm/msdurresourcesforproviders.html