

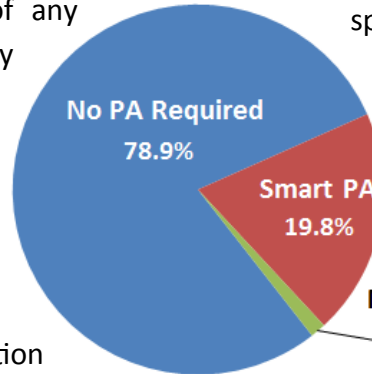
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**Electronic Prior Authorizations**

**Working Behind the Scenes**

In 2011, there were 4,098,761 prescriptions filled for Mississippi Medicaid beneficiaries. Of that number, nearly 80% of prescriptions filled did not require a prior authorization (PA) of any kind. In fact, only about 1.3% of all prescriptions paid for by Mississippi Medicaid require a PA that a provider submits. Much of the prior authorization process that previously required a manual form now occurs “behind the scenes” allowing for quicker access to medications for Medicaid beneficiaries, as well as reducing the amount of paperwork



for providers.

When developing the preferred drug list (PDL) and drug use criteria, Medicaid is very mindful of the amount of time that providers spend submitting PAs. Many clinicians work with Medicaid to develop new criteria to include in the electronic PA system. Goold Health Systems (GHS) is the new PDL vendor for Mississippi Medicaid and they have updated the PDL list to include PA criteria on the right-hand side of the PDL list.

*(Continued on page 2)*

**72-Hour Emergency Supply**

Medicaid is monitoring the increase of 72-hour emergency supplies that are being dispensed during normal business hours. Be advised that the 72 hour emergency option is to be used outside of normal business hours or when, in the pharmacist’s professional judgment, waiting to receive a PA would adversely affect patient care.

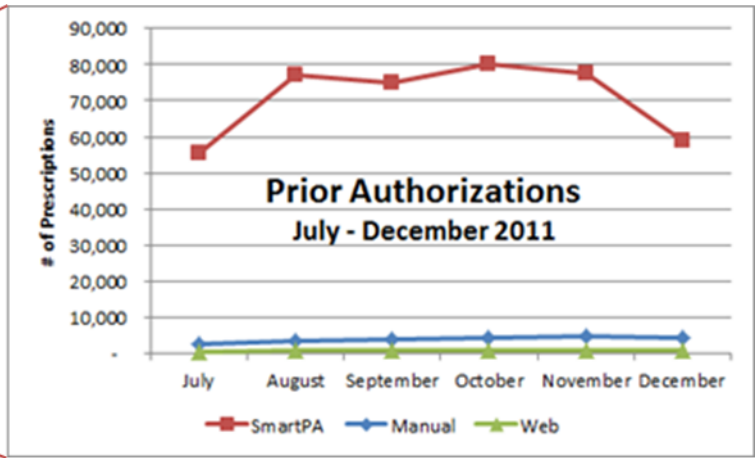
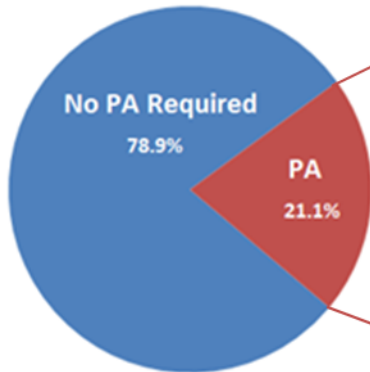
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# MEDICAID UPDATES

## Electronic Prior Authorizations (continued...)



### Envision Web Portal

The Envision Web Portal is web-based method of submitting PAs that would ordinarily be faxed by the prescriber's office. The green (bottom) line in the chart above represents PAs that are submitted through the Envision Web Portal, which is about 5-times less than fax-based submissions. For the most efficient processing of PAs, Medicaid highly encourages prescribers to submit PAs through the [Envision Web Portal](#).

There are a few things that health care providers should consider to reduce the need for PAs:

- 1) Check the PDL to see if there is a preferred agent that is appropriate.
- 2) Check the PDL or a criteria that must be met before the drug will be covered.

**Pharmacists:** Recommend preferred agents to providers. Preferred agents may still have criteria to be met (e.g., acne agents are authorized only for patients less than 21 years of age), but preferred drugs are a good place to start.

## Medicaid, I Have Questions!

**Q:** The prescription I am submitting for a non-statin lipotropic has met all of the necessary criteria, but I am still receiving a reject message. Why?

**A:** A prescription may still reject at the point-of-sale even if the drug use criteria have been met (e.g., a trial of 30 days with a statin or statin combination product in the past year). When a prescription is electronically submitted to Medicaid it goes through a number of "checks." First, the



eligibility of the beneficiary is determined. If the beneficiary is eligible on the date the prescription is submitted, then the prescription goes through several other screens, including brand limits, quantity limits, or clinical edits. The reject could be due to reasons unrelated to the clinical edit (e.g., a reject due to brand limits exceeded rather than the criteria not being met). In this case, exceeding the two (2) brand limit per month stopped the prescription before the clinical edit was ever reviewed by the system.

# MEDICAID RESOURCES

## Preferred Drug List Updates

The Mississippi Medicaid Preferred Drug list is updated two times per year, on January 1st and July 1st. The latest update became effective January 1, 2012. The January update reflects changes which have been recently reviewed by the Division of Medicaid's Pharmacy and Therapeutics Committee. It is important for providers to become familiar with changes to the Preferred Drug List (PDL) in an effort to prevent and reduce confusion and delay of patient care. The PDL is available for viewing at the Mississippi Medicaid website: [www.medicaid.ms.gov/Pharmacy.aspx](http://www.medicaid.ms.gov/Pharmacy.aspx).

## 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. 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. For more information, see [www.medicaid.ms.gov/PharmacyForms.aspx](http://www.medicaid.ms.gov/PharmacyForms.aspx).

## Flu/ Pneumonia Billing

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: [www.medicaid.ms.gov/PharmacyServicesBilling.aspx](http://www.medicaid.ms.gov/PharmacyServicesBilling.aspx)

## 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

### Drug Devices = Non-Pharmacy (non-POS) Coverage

The determination of covered outpatient drugs under the Medicaid Drug Rebate Program generally depends on whether the drug has been approved as a prescription drug by the FDA under Section 505 or 507 of the Federal Food, Drug, and Cosmetic Act. Products issued device approvals do not meet the definition of a covered outpatient drug as defined in Section 1927(k) of the Social Security Act and are not eligible for Medicaid coverage in the Pharmacy Program. Some of the more common devices presumed to be drugs include, but are not limited to, Mimyx<sup>®</sup> cream, Hylira<sup>™</sup> products, Atopiclair<sup>™</sup> cream, Biafine<sup>®</sup> emulsion, Bionect<sup>®</sup> products, Apligraf<sup>®</sup> products, and sodium hyaluronate lotion. These products, as well as all devices with an American Society of Health-Systems (AFHS) code of 940000, are not covered through pharmacy services. If a claim is processed for a medical device, Edit 4114-Drug/Product Not Covered, will post with a denial.

For additional information concerning coverage and/or billing of medical devices, contact the Bureau of Medical Services at 1-800-421-2408.

### Pharmacy Program Changes

Changes include, but are not limited to:

- (1) Effective April 1, 2012, prenatal vitamins for females to age 45 can be filled in three month (90 units) supplies.
- (2) Effective April 1, 2012, oral contraceptives for females can be filled in three month supplies.
- (3) Effective April 1, 2012, the 90 Day Maintenance List is revised (available in two formats).

**Alphabetical** <http://www.medicaid.ms.gov/Documents/Pharmacy/90%20DAY%20MAINTENANCE%20LIST.pdf>

**Disease State** <http://www.medicaid.ms.gov/Documents/Pharmacy/90DayListDiseaseState.pdf>

- (4) Effective June 1, 2012, the Suboxone/Subutex prior authorization process is revised.

### Friendly Reminder: Medicaid Does Not Allow for “Auto Refills”

#### Auto Refills

Mississippi Medicaid does not pay for any refill without an explicit request from a beneficiary or the beneficiary’s responsible party, such as a caregiver, for each filling event. The possession, by a provider, of a prescription with remaining refills authorized does not in itself constitute a request to refill the prescription.

Mississippi Medicaid beneficiaries cannot waive the explicit refill request and enroll in an electronic automatic refill in pharmacies.

Please see Section 31.10 of the Mississippi Medicaid Provider Policy Manual  
<http://www.medicaid.ms.gov/ProviderManualSection.aspx?Section%2031%20-%20Pharmacy>

# IMPORTANT INFORMATION

## FROM THE MISSISSIPPI DIVISION OF MEDICAID

### Correct NPI Number on Pharmacy Claims

***Please be sure to submit the correct NPI number on pharmacy claims:***

Please be mindful that it is very important that all claims have the prescriber's National Provider Identification (NPI) number correctly submitted. This is the only way to identify prescribers with 100 percent accuracy. In order to use Medicaid resources prudently, it is imperative that the Division of Medicaid be able to accurately connect the pharmacy claim to the prescriber.

Submitting the correct provider NPI number on pharmacy claims ensures that our Drug Utilization Review activities and programs are targeted to the correct prescriber, so that appropriate changes in therapy can be made. Additionally, fraud, waste, and abuse may be assumed if prescribers are incorrectly identified. For example, a beneficiary may appear to be doctor shopping if an excessive number of prescribers are used. Further, a prescriber may appear to be prescribing outside the norms of their peers if an excessive number of prescriptions are processed under their NPI.

**Prescribers:** As you know, signatures may be difficult to read, so please place your NPI on each prescription you write. This will ensure that the pharmacist submits the correct NPI number on the prescription claim and that refill requests and questions regarding the prescription are directed to the correct provider.

**Pharmacists:** To locate or verify a prescriber's NPI, please visit the National Plan and Provider Enumeration System's (NPI) Registry at <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>

**Remember:** When a pharmacy is filling a prescription and the prescriber's identification number is not known, or the number that pharmacy has does not work on the claim, and the pharmacy inserts a random provider/NPI number into the required field, that pharmacy employee has just committed a fraudulent act against MS Medicaid, which could lead to sanctions against them and the company.

### Notice about Pharmacy Prior Authorization (PA) Forms

Since January 1, 2011, pharmacy prior authorizations have been processed internally by the Division of Medicaid's Pharmacy Bureau. The only acceptable prior authorization forms can be found on our website by going to <http://www.medicaid.ms.gov/Pharmacy.aspx>, click on Prior Authorization from the horizontal menu, and then select the appropriate PA form(s).

**The former vendor's PA forms are obsolete.** Often these obsolete forms have been copied and/or faxed multiple times and are difficult to read, which delays the prior authorization process. Furthermore, the fax number printed on the old forms is not functional.

The Division of Medicaid will **no longer accept** these obsolete forms for prior authorization purposes.

# SAFETY ALERTS

## FDA MedWatch

### Letairis Education and Access Program (LEAP)

**Box Warning**

[February 2012] Do not to administer Letairis (ambrisentan) to a pregnant woman because it may cause fetal harm. Letairis is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the Letairis Education and Access Program (LEAP). As a component of the Letairis REMS, prescribers, patients, and pharmacies must enroll in the program.

### Concomitant use of PPIs with methotrexate

**Box Warning**

[January 2012] Concomitant use of PPIs with methotrexate (primarily at high doses) may elevate and prolong serum levels of methotrexate and/or its metabolite hydroxymethotrexate, possibly leading to methotrexate toxicities.

### Risk of fetal toxicity with the use of aliskiren

**Box Warning**

[February 2012] The FDA updated the labeling of aliskiren to include a warning to discontinue aliskiren as soon as pregnancy is detected. The use of drugs that act directly on the renin-angiotensin-aldosterone system during pregnancy can cause fetal and neonatal morbidity and death.

### Exogenous estrogen use in patients with thrombotic disorders

**Contraindication**

[February 2012] Angeliq (drospirenone and estradiol), Elestrin (estradiol gel), Premarin (conjugated estrogens), and Prempro and Premphase (conjugated estrogens) contraindication in patients with known protein C, protein S, or antithrombin deficiency, or other known thrombophilic disorders.

### Crixivan (indinavir) and Viracept (nelfinavir) with lovastatin or simvastatin

**Contraindication**

[February 2012] The use of indinavir or nelfinavir with lovastatin or simvastatin are contraindicated due to increase risk of myopathy including rhabdomyolysis.

### Phendimetrazine SR and Xenical (orlistat) may cause fetal harm

**Contraindications**

[February 2012] Phendimetrazine SR and orlistat are contraindicated during pregnancy because weight loss offers no potential benefit to a pregnant woman and may result in fetal harm. Pregnancy category X.

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



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 through 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 [kdnnull@olemiss.edu](mailto:kdnnull@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.

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