MISSISSIPPI DIVISION OF MEDICAID

Pharmacy Update

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Inside This Issue

SmartPA: Automating Prior Authorizations

Background

Beginning in December 2010, Mississippi Medicaid implemented SmartPA, an enhanced electronic prior authorization (PA) process, to expedite PA decisions for patients' drug claims. Since then, about 60 drug classes have been incorporated into SmartPA, allowing providers to spend less time requesting and completing prior authorization forms as it uses a highly sophisticated clinical rules system to determine if evidence-based criteria for appropriate drug use are met. SmartPA works with the pharmacy point of sale (POS) claims processing system by checking historical drug claims and medical claims to determine if prior authorization criteria have been met. Future preferred drug lists (PDL) will include SmartPA criteria.

As a part of this initiative, certain prior authorization decisions still require manual review by a clinical pharmacist. The Division of Medicaid continues working to develop suitable criteria so more drug claims can be shifted into the electronic PA system, where appropriate.

SmartPA Reviews Pharmacy and Medical Claims History

SmartPA automatically reviews pharmacy and medical claims, sometimes up to two years prior, to determine whether the PA criteria are met. For example, a PA criteria requiring prior therapy of a preferred drug might review the pharmacy claims history over the last 60 to 90 days (depending on the criteria) to determine whether

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MEDICAID UPDATES

SmartPA: Automating Prior Authorizations (continued)

For more information about the SmartPA process, please follow this link:
http://www.medicaid.ms.gov/Documents/Pharmacy/Enhanced%20Prior%20Authorization%20Program%20for%20Medications.pdf

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a prior therapy had been attempted. This process works very well for PAs that use pharmacy fill information, because nearly all pharmacy claims are filed electronically and the NDC and days supply is submitted with each claim. Medical claims are different. For PAs that require a diagnosis code, like for medications used to treat Alzheimer's disease, the diagnosis may not be found in the medical claims file, even up to two years prior to the fill date. The reason for this is that medical claims records are used for documenting services to receive payment, and therefore, are not as complete as a medical record. Medicaid is encouraging all Medicaid providers to document all relevant diagnoses on the medical claim to facilitate the SmartPA process.

SmartPA and the EPSDT Pharmacy Benefit

Prior authorizations for prescriptions exceeding the monthly five prescription limit, including the two brand name limit, are handled by SmartPA as part of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program for beneficiaries under the age of 21 for certain diagnoses. The SmartPA system looks for diagnoses in the medical claim for the following conditions:

SmartPA EPSDT Diagnosis Categories

Asthma	Hemodynamically Significant
Crohn's Disease	Congenital Heart Disease
Cancer	Seizure Disorder
Cystic Fibrosis	Irritable Bowel Syndrome
Cardiac Arrhythmias	Sickle Cell Disease
Cardiac Valve Disease	Renovascular Disease
Diabetes	Transplant
Cardiovascular Disease	Rheumatic Disease
Failure to Thrive	Ulcerative Colitis

Medicaid Cough/Cold Quick List

Mississippi Medicaid Cough and Cold Quick List

On March 2, 2011, the FDA announced that certain unapproved prescriptions for cough, cold, and allergy drugs would be removed from the market due to a lack of safety and efficacy data. The "Quick List" provides some examples of products that may be used to treat cough and cold symptoms, broken down by age categories. Download a copy: http://www.medicaid.ms.gov/Pharmacy.aspx

Medicaid, I Have Questions!

Q: I have a patient who requires more than the quantity limit currently allowed by Medicaid for a 31 day supply. Is there something I can do to get Medicaid to cover a higher quantity?

A: Similar to other managed care plans, Medicaid sometimes sets quantity limits on certain drugs to ensure appropriate use and to deter potential abuse. A beneficiary can get more than quantity limit with PA for a larger quantity. For example, some narcotic analgesics have a cumulative max quantity limit of 62 per 31 days. A "Maximum Unit Override" prior authorization (available at: www.medicaid.ms.gov/PharmacyForms.aspx) must be completed by the prescriber, documenting the medical necessity for the higher quantity required. With appropriate documentation, the patient may receive more than the maximum monthly quantity limit. For a list of products with quantity limits, follow the link on page 3 of this newsletter under "Products with Quantity Limits."

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 next scheduled update will become effective January 1, 2012. The January update will reflect 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.

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 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

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.

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

DUR BOARD UPDATE

In a joint initiative, the P&T Committee and the DUR Board has recommended the Division of Medicaid update the criteria for approval of non-statin lipotropic agents. Effective February 1, 2012, the following point-of-sale approval criteria will be implemented for non-statin lipotropic agents on the Preferred Drug List (PDL).

NEW CRITERIA:

- A trial of 30 days with a statin or statin combination product in the past year will be required before a non-statin lipotropic agent will be approved.
- Exceptions to the statin trial will be:
  - diagnosis of pregnancy in the past 280 days
  - diagnosis of liver disease in the past 2 years
  - diagnosis of hypertriglyceridemia in the past 2 years
  - claim for a preferred bile acid sequestrant (a trial of 2 different preferred drugs must be present in claims history for approval of a non-preferred agent with the exception of Welchol for use in pregnancy)
  - current stable therapy (defined as 90 days of therapy with the same agent as shown in claims history)

Lipotropics Excerpt from the Preferred Drug List (Effective January 1, 2012)

Therapeutic Class	Preferred Agents	Non-Preferred Agents
LIPOTROPICS, STATINS	**STATINS**	
	CRESTOR (rosuvastatin) LESCOL (fluvastatin) LESCOL XL (fluvastatin) LIPITOR (atorvastatin) lovastatin pravastatin simvastatin	atorvastatin ALTOPREV (lovastatin) LIVALO (pitavastatin) MEVACOR (lovastatin) PRAVACHOL (pravastatin) ZOCOR (simvastatin)
	STATIN COMBINATIONS	
	CADUET (atorvastatin/amlodipine)	ADVICOR (lovastatin/niacin) VYTORIN (simvastatin/ezetimibe) SIMCOR (simvastatin/niacin)
LIPOTROPICS, OTHER (NON-STATINS)	**BILE ACID SEQUESTRANTS**	
	cholestyramine colestipol	COLESTID (colestipol) QUESTRAN (cholestyramine) WELCHOL (colesevalam)
	CHOLESTEROL ABSORPTION INHIBITORS	
		ZETIA (ezetimibe)
	FIBRIC ACID DERIVATIVES	
	ANTARA (fenofibrate) fenofibrate gemfibrozil TRICOR (fenofibrate nanocrystallized) TRILIPIX (fenofibric acid)	fenofibrate nanocrystallized 145mg FENOGLIDE (fenofibrate) FIBRICOR (fenofibric acid) LIPOFEN (fenofibrate) LOFIBRA (fenofibrate) LOPID (gemfibrozil) TRIGLIDE (fenofibrate)
	NIACIN	
	NIACOR (niacin) NIASPAN (niacin)	
	OMEGA-3 FATTY ACIDS	
	LOVAZA (omega-3 ethyl esters)	

IMPORTANT INFORMATION

FROM THE MISSISSIPPI DIVISION OF MEDICAID

Pharmacy Permit Renewal Update

The Division of Medicaid (DOM) has been notified that the Board of Pharmacy is encountering delays processing bi-annual pharmacy permit renewals. Pharmacies enrolled in the MS Medicaid program must be in good standing with their regulatory authority to be a Medicaid provider. Due to the delay with the permit renewal process at the Board of Pharmacy, DOM will extend the deadline for submission of updated permit renewals from December 31, 2011, to January 31, 2012. This extension will allow MS Medicaid pharmacy providers to continue to provide services for MS Medicaid beneficiaries.

Please note that once the Board of Pharmacy is current in issuing permits, DOM will verify that all Medicaid enrolled pharmacies have provided a copy of their updated pharmacy permit updated their files. DOM will recoup monies paid during this grace period for those pharmacy providers without a valid pharmacy permit during January 2012.

To ensure your MS Medicaid provider file is updated; please follow the instructions below as soon as you get your updated Board of Pharmacy permit.

***Fax the following to ACS' Provider Enrollment at 601-206-3015*:**

- Cover sheet to include the
  - Provider name,
  - MS Medicaid provider number(s),
  - NPI(s)
  - Servicing pharmacy location email address,
  - Telephone number, and
  - Facsimile number.
- Copy of the renewed license/permit from the Board of Pharmacy.

If you encounter problems faxing documents, please call ACS at 1-800-884-3222. Do not fax these documents to DOM as they will be returned to you and not ACS.

HIPAA NCPDP Version D.0 Compliance Date Approaching

The mandatory compliance date for National Council for Prescription Drug Programs (NCPDP) version D.0 for retail pharmacies is January 1,2012. HIPAA Version D.0 is the new NCPDP standard for Interactive Pharmacy Claims, and will replace Version 5.1. According to the Centers for Medicare & Medicaid Services (CMS) guidelines, NCPDP 5.1 transactions submitted on and/or after January 1, 2012 will reject. Be mindful that since non-D.0 claims are not in a HIPAA compliant format, such claims will not be processed and/or paid.

Mississippi Medicaid's claims processor ACS began NCPDP D.0 testing with pilot test pharmacies in June 2011, and implemented a pilot program of dual processing with both 5.1 and D.0 production claims August 2011. Dual processing was opened up for all pharmacies November 2011.

SAFETY ALERTS

FDA MedWatch

Dilantin (phenytoin) Oral Suspension: Hypersensitivity to inactive ingredients **Contraindication**
[November 2011] Coadministration of Dilantin is contraindicated with delavirdine (Rescriptor) due to potential for loss of virologic response and possible resistance to delavirdine or to the class of non-nucleoside reverse transcriptase inhibitors.

Kombiglyze XR (saxagliptin/metformin extended release) Tablets: Hypersensitivity **Contraindication**
[November 2011] History of a serious hypersensitivity reaction to Kombiglyze XR or saxagliptin, such as anaphylaxis, angioedema, or exfoliative skin conditions.

Onglyza (saxagliptin) Tablets: Hypersensitivity **Contraindication**
[November 2011] History of a serious hypersensitivity reaction to Onglyza , such as anaphylaxis, angioedema, or exfoliative skin conditions

Evamist (estradiol transdermal spray): Unintentional secondary exposure **BOXED WARNING**
[October 2011] Postmarketing reports of breast budding and breast masses in prepubertal females and gynecomastia and breast masses in prepubertal males following unintentional secondary exposure to Evamist have been reported. In most cases, the condition resolved with removal of Evamist exposure.

Selzentry (maraviroc) Tablets: Hepatotoxicity **BOXED WARNING**
[October 2011] Hepatotoxicity with allergic features including life-threatening events has been reported in clinical trials and postmarketing. Severe rash or evidence of systemic allergic reaction including drug-related rash with fever, eosinophilia, elevated IgE, or other systemic symptoms have been reported in conjunction with hepatotoxicity. These events occurred approximately 1 month after starting treatment.

Demerol (meperidine hydrochloride): Serotonin syndrome and severe respiratory insufficiency **Contraindication**
[October] Serotonin syndrome with agitation, hyperthermia, diarrhea, tachycardia, sweating, tremors and impaired consciousness may occur. Demerol is contraindicated in patients with severe respiratory insufficiency

Premarin (conjudated estrogens , USP) Tablets: **Contraindication**
[October 2011] PREMARIN therapy should not be used in individuals with known anaphylactic reaction or angioedema to Premarin tablets or known protein C, protein S, or antithrombin deficiency or other known thrombophilic disorders.

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

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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

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

Ben Banahan, PhD
Project Director, MS-DUR

Thomas Chapman, MS
Systems Analyst

Nancy Jones, MS
Project Coordinator