

Mississippi Medicaid Pharmacy Program Quarterly News

Fall 2009

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Welcome to the Fall 2009 edition of the "Mississippi Medicaid Pharmacy Program Quarterly News", published by Health Information Designs, Inc. (HID). This newsletter is part of a continuing effort to keep the Medicaid provider community informed of important changes in the Mississippi Division of Medicaid (DOM) Pharmacy Program.

Synagis®

Respiratory Syncytial virus (RSV) is a virus that causes infections in the lung and respiratory tract and is the most common cause of severe lower respiratory tract infection in infants and young children. Usually manifested as pneumonia or bronchiolitis, severe cases of RSV in young children and infants account for approximately 125,000 hospitalizations every year.

RSV Symptoms

- Fever
- Wheezing
- Coughing
- Tachypnea
- Cyanosis

Underlying conditions such as congenital heart disease (CHD), chronic lung disease (CDL), and premature birth are associated with more severe cases of RSV in infants. Complications of RSV in infants, especially those with the aforementioned conditions, can lead to hospitalization, the need for intensive care, mechanical ventilation, and even death.

It is estimated that monthly administration of palivizumab (Synagis®) during the RSV season can result in a 45% to 55% decrease in the rate of hospitalization attributable to RSV. Per Mississippi Division of Medicaid (DOM) policy, Synagis® coverage requires prior authorization for all beneficiaries. The approval criteria are based on manufacturer labeling and closely parallel the American Academy of Pediatrics recommendations. All requests for prior authorization of Synagis® are reviewed by the clinical staff of Health Information Designs (HID).

Synagis® constitutes a significant percentage of Mississippi Medicaid drug expenditures. During the 2008-2009 RSV season, Mississippi Medicaid spent nearly \$10 million on Synagis® treatment for approximately 1,300 beneficiaries. Because of the cost associated with this medication and the limited population that it treats, Mississippi Medicaid requires prior authorization for Synagis®. The criteria and prior authorization form for the upcoming season (October 26, 2009 - March 31, 2010) have been revised to reflect the 2009 AAP Redbook recommendations for Synagis® administration. These changes are outlined below.

Criteria Updates

- Coverage will be limited to five doses for all categories except category 4. For category 4, coverage will end when the beneficiary reaches 3 months of age, with a **maximum** of 3 doses allowed. Doses administered during hospitalization will be included in the total number of doses allowed for the season.
- Congenital abnormalities of the airway and neuromuscular conditions have been added as risk factors for category 3 first season requests. Cystic fibrosis is not considered a risk factor for Synagis® approval.
- One of the following risk factors for category 4 is considered sufficient for Synagis® approval: school age siblings <5 years old, day care attendance. In previous seasons, two risk factors were required for this eligibility category.

Prior Authorization Form Updates

- Since Synagis® is supplied through a limited network established by the manufacturer, the 2009-2010 PA form includes a listing of approved Synagis® pharmacy providers from the 2008-2009 season for easy reference. There is a space provided to enter additional pharmacy providers if the preferred provider for that prescriber is not found on the form.

72-hour Emergency Supply

Reminder: In emergency situations, after hours, or on weekends, pharmacists are authorized by Federal law to dispense a 72-hour emergency supply of any non-preferred medication without a PDL Exception Re-

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Antihistamine/Decongestant Cross Reference Document

In July 2009, antihistamine/decongestant products were added to the preferred drug list (PDL). This is a very broad class that encompasses many single-entity and combination products. Due to the large number of products it includes, this class has always been a problematic and confusing issue for prescribers and pharmacists alike. Consequently, a document has been developed as a reference to the preferred drug list that provides the drug product names based on their active ingredient(s). This cross-reference document also provides the PDL status of each medication listed. As indicated on the document, those products in bold print are considered brand name products, with all other products considered generics. For more information or to access the antihistamine/decongestant cross-reference document, go to www.medicaid.ms.gov. Click Pharmacy, and select PDL from the far right-hand column. Scroll down to 'Antihistamine/Decongestant Cross Reference List'.

Novel H1N1 Flu Virus: An Overview

Novel H1N1 virus is a new flu virus that first caused illness in Mexico and the United States in March and April 2009. By mid-June 2009, all 50 states in the U.S, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands had reported infections with novel H1N1 virus. This virus was originally referred to as "swine flu" because laboratory testing showed that many of the genes in this new virus were similar to influenza viruses that were normally found in pigs in North America. However, further analysis has shown that the novel H1N1 virus is very different from the virus that circulates in North American pigs. Spread of this novel H1N1 virus is thought to occur in the same way that seasonal flu spreads, from person to person through coughing or sneezing by infected persons. Some people may become infected by touching something, such as a surface or object, with flu viruses on it and then touching their nose or mouth. Symptoms of the novel H1N1 virus are comparable to those seen with the seasonal flu, including fever, cough, sore throat, runny or stuffy nose, body aches, chills and fatigue. Many people who have been infected with the new virus have also reported experiencing diarrhea and vomiting. While most people infected with H1N1 virus have recovered without needing medical treatment, hospitalizations and deaths have occurred as result of the virus. As with the seasonal flu, certain populations have been identified to be at higher risk of developing complications as a result of H1N1 infection. These conditions include pregnancy, diabetes, heart disease, asthma, and kidney disease. One thing that appears to be different from seasonal flu is that adults older than 64 years do not appear to be at increased risk of novel H1N1-related complications to date. CDC laboratory results have shown that approximately one-third of adults over the age of 60 may have antibodies against this virus, while children and few adults younger than 60 do not have these antibodies. The CDC recommends the use of Tamiflu® or Relenza® for the treatment and prevention of infection with novel H1N1 virus. These medications prevent flu viruses from reproducing in the body, and can reduce illness and recovery time in infected persons. They may also prevent serious flu complications. Currently, a novel H1N1 vaccine is in production and should be ready for public dispersal by fall 2009.

Tips for Preventing Infection with Novel H1N1 Flu Virus

- Cover nose and mouth with a tissue when sneezing or coughing.
- Wash hands often with soap and water, especially after coughing or sneezing. Alcohol-based hand sanitizers are also effective.
- Avoid touching eyes, nose or mouth, as this is how germs are spread.
- Avoid close contact with sick people.
- If sick with flu-like illness, stay at home at least 24 hours after fever is gone (except to seek medical care), per CDC recommendations.

Prescription Service Limits

Additional Coverage for Children Under Age 21

Current MS state law limits outpatient prescription drug coverage to five drugs monthly with no more than two drugs being brand-name medications. Beneficiaries up to the age of 21 years of age may receive more than the monthly limits with proof of medical necessity. When a pediatric beneficiary has exhausted their monthly prescription service limits, subsequent claims will deny with the following message: "PA REQUIRED FOR AGE UNDER 21". These new edits, implemented in May 2009, indicate that the beneficiary may qualify for additional benefits with the submission of a Children's Medical Necessity prior authorization request. For more information on this provision, see www.medicaid.ms.gov and select Pharmacy or call the HID Help Desk at 1-800-355-0486.

Did you know.....?

- The Medicaid beneficiary or his/her representative must sign for a prescription each time it is filled.
- A signature is required for each medication received by the beneficiary (with the exception of LTC facilities).
- Providers are responsible for confirming that the person presenting a Medicaid Card for services is the person to whom the card was issued, using items such as a driver's license, school ID card, or social security number.

Head Lice

With the beginning of the school year well underway, this is the season when head lice infestations become most evident. Head lice is the most prevalent parasitic infestation of human beings in the United States and affects as many as six million to 12 million children and adults worldwide each year. Approximately \$367 million is spent in the United States on over-the-counter (OTC) pediculicides and associated products/services accrued by school systems annually. Children between the ages of four and 11 have the highest prevalence of head lice infestation. Because girls have a tendency to play in small groups with close head-to-head contact more often than boys, they tend to have a higher incidence of infection.

Symptoms and Transmission

Many cases of head lice infestation are asymptomatic. Symptoms that may be noted include itching, a tickling feeling in the hair, and scalp irritation. Complications rarely develop, but they may include secondary bacterial infections such as impetigo. Head lice are transferred mainly by direct head-to-head contact with an infested individual. Places where head lice may be transmitted include school, slumber parties, sports activities, camps, and playgrounds. The other method of head lice transmission is via fomite transmission, which occurs when people share infested clothing, combs and brushes, or lie on a bed, couch, pillow, carpet, or stuffed animal that has recently been in contact with an infested person.

Non-pharmacologic treatment

The Centers for Disease Control and Prevention make recommendations for treating households of infested persons. They are provided in the table below.

CDC Recommendations for treating infested households
Use hot water cycle (130° F) of a washing machine to clean all washable clothing and bed linens touched by the infested person two days before treatment.
Use the hot cycle of the dryer for at least 20 minutes on all washable items
Dry clean items that cannot be washed. Items that cannot be washed or dry-cleaned, such as stuffed animals or comforters, should be sealed and stored in a plastic bag for two weeks.
Vacuum the floor and furniture of the infested individual's household instead of spraying with fumigant sprays, which can be toxic.
Soak combs and brushes that have been used by infested individuals in rubbing alcohol or Lysol for one hour or wash in hot, soapy water.
Household contacts' scalp, hair, and neck should still be inspected for lice and nits every two to three days, even if the recommended measures for clearing the household of infested individuals are implemented,
Treat household members only if lice or nits are found. Prophylactic treatment is not recommended.
Children less than two years old who are determined to be infested should be treated by mechanical removal of lice and nits rather than with pediculicides.
Avoid use of conditioners before applying a pediculicide, as the conditioners coat the hair and may protect the lice.

Pharmacologic treatment and Mississippi Medicaid PDL

Mississippi Medicaid has several topical pediculicides on the Preferred Drug List. They include Ovide[®] Lotion, malathion lotion, and permethrin lotion. Lindane and Ulesfia[®] lotion are non-preferred products on Mississippi Medicaid. The CDC recommends that lindane should only be used for those patients who have failed treatment with or cannot tolerate the other available pediculicides, due to the potential neurologic toxicity associated with its use.

There have been multiple reports of head lice resistance worldwide, but little is known regarding the actual occurrence of resistance or whether the incidence of resistance is increasing. The most crucial factor in effective treatment of head lice infestation is ensuring that the infestation is thoroughly treated with both pharmacological and non-pharmacological methods to prevent reinfestation. It is imperative that patients receive adequate and correct information in order to most effectively eradicate head lice and prevent reinfestation.

HEALTH INFORMATION DESIGNS



Health Information Designs, Inc. (HID) is contracted by the Mississippi Medicaid Pharmacy Bureau to provide Prior Authorization and Retrospective Drug Utilization Review services.

HID Helpful Numbers

HID Help Desk 800-355-0486
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