

Mississippi Medicaid Pharmacy Program Quarterly News

Fall 2008

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Welcome to the Fall 2008 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.

Respiratory Syncytial Virus (RSV) and 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. Symptoms of severe RSV can include:

- ◆ Fever
- ◆ Wheezing and 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).

Although the criteria and prior authorization forms for the upcoming season (October 27, 2008 - March 31, 2009) are very similar to those from the previous season, there are some important changes that have been made to further ensure that the beneficiaries who would benefit the most from this medication receive proper treatment and that this delivery is carried out in the most cost-effective manner possible.

Criteria Updates

- ◆ Second season requests for those beneficiaries in Category 3 will require documentation of **continued** medical therapy for either severe chronic lung disease (CLD) or hemodynamically significant congenital heart disease (HSCHD) on the prior authorization request and in the patient record. In addition, evidence of such therapy must be present in paid pharmacy claims.
- ◆ Risk factors that have been removed for consideration of approval include: HIV/AIDS, multiple births, and congenital airway abnormalities.

Prior Authorization Form Updates

- ◆ Space provided to indicate current weight and date of provided weight, to ensure that the proper dose is administered to the patient
- ◆ Space provided for additional information to consider for second season requests
- ◆ A statement to make providers aware that it is their responsibility to ensure that: 1) each vial of Synagis® provided to their clinic will be administered to the patient it was assigned, or 2) clinic staff will notify the dispensing pharmacy immediately when the medication provided to their clinic cannot be administered to the intended patient. The statement reads:

Mississippi Medicaid is a federally-subsidized health care program funded with public dollars. As such, I confirm that this medication will be administered to the patient for whom it is dispensed. If I or my staff are unable to administer this medication to the designated patient, I acknowledge that I am responsible for notifying the dispensing pharmacy immediately.

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 Request Form approval.

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Transition from CFC to HFA Albuterol Inhalers

The U.S. Food and Drug Administration (FDA) has mandated the removal of the exemption granted to chlorofluorocarbon-based (CFC) metered-dose albuterol inhalers, and the transition to environmentally-friendly hydrofluoroalkane-based (HFA) albuterol inhalers by December 31, 2008. This means that no one can sell, distribute, dispense or even donate CFC albuterol inhalers after December 31, 2008. With this deadline approaching fast, the majority of the albuterol inhaler market has already transitioned to environmentally-friendly HFA inhalers. For those who haven't it is important to note that replacement of a CFC albuterol inhaler with an HFA inhaler will require a new prescription. The FDA has indicated that CFC and HFA albuterol inhalers, as well as different brands of albuterol HFA inhalers, are not substitutable or therapeutically equivalent. There are no generic equivalents of HFA albuterol inhalers. Since the albuterol inhalers are not interchangeable, it is important that providers specify by name on the prescription the brand they want dispensed. This will help avoid confusion and delays for the pharmacist, provider, and patient.

While HFA albuterol inhalers are just as safe and effective as the CFC formulations and deliver the same active ingredient, there are important differences that patients need to understand, including:

- Patients switching to and HFA may notice a different spray force, smell and taste due to the propellant.
- HFA inhalers have different cleaning and priming instructions that can be found in the package insert.

Albuterol HFA Inhalers

- *Proair HFA*
- *Proventil HFA*
- *Ventolin HFA*

If patients are using their quick-relief albuterol inhalers more than twice a week, it may be a good time to discuss asthma management, including the need for a long-term controller medicine such as an inhaled corticosteroid. In 2007, the NHLBI published new guidelines for the management of asthma. These guidelines can be accessed by visiting <http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm>. In addition, HID has prepared a Mississippi Medicaid Prescribing Information Update for providers summarizing the 2007 NHLBI Asthma guidelines. This update can be found at www.hidmsmedicaid.com.

It is important for providers to talk to their patients now about transitioning to an HFA inhaler to avoid confusion at the end of the year. All of the albuterol HFA inhalers are preferred products on the Mississippi Medicaid PDL.

Division of Medicaid Medication Lists

In addition to the Preferred Drug List, Mississippi Medicaid maintains several other working documents to help manage the pharmacy benefits of its beneficiaries.

90-Day Maintenance Drug List

The 90-day list is an assemblage of medications that can be filled for a 90-day supply. Medications included on this list are used for maintenance treatment. Use of medications on the 90-day list allows beneficiaries to use only one of their monthly drug benefit allowances for a 3-month supply, therefore freeing up a monthly drug benefit allowance in subsequent months for other necessary medications.

Over-the-Counter (OTC) List

This document provides a listing of all over-the-counter (OTC) medications that are covered by Mississippi Medicaid. These medications require a written or verbal order prescription for Medicaid coverage, and the covered OTC products must be manufactured by those companies who participate in the Federal Drug Rebate Program. Prescriptions for these items are included in the monthly drug benefit limit allowed for beneficiaries.

Products with Quantity Limits

Certain medications that are covered by Mississippi Medicaid have limitations on the number of units a beneficiary can receive, to ensure clinically appropriate and cost-effective treatment. This document provides an inventory of such medications. If a provider wishes to prescribe more than the maximum quantity allowed for any medication on this list, he/she must submit a "Maximum Unit Override Request" prior authorization request to Health Information Designs.

These lists are also available at DOM's website, www.doms.state.ms.us, and select Pharmacy Services.

Cough and Cold Season



Mississippi Division of Medicaid

- *The FDA recommends that OTC cough and cold products should not be used in infants and children less than 2 years of age.*
- *The FDA is still evaluating the use of these products in children ages 2 - 11 and will issue recommendations for this group once the review is completed.*
- *There are several OTC and Rx products covered by Mississippi Medicaid for the treatment of cough and cold symptoms.*
- *Xyzal[®] is only approved for those patients who have tried and failed therapy with a preferred OTC generic antihistamine in the past 6 months.*

Prescribing Information Update

Cough and Cold

As children return to school and temperatures begin to drop, the emergence of coughs and colds begins to become more common. Patients begin to complain about sore throats, runny noses, sneezing, coughing, and congestion, which are all symptoms of the common cold. Recent actions by the FDA and Mississippi Medicaid impact the availability of products that target these symptoms.

OTC Products
Brompheniramine/Phenylephrine/DM
Brompheniramine/Pseudoephedrine
Brompheniramine/Pseudoephedrine/DM
Cetirizine/Cetirizine D
Chlorpheniramine
Chlorpheniramine/Pseudoephedrine/DM
Clemastine Fumarate
Dexbrompheniramine/Pseudoephedrine
Dextromethorphan Polystyrene
Dextromethorphan/Pseudoephedrine
Diphenhydramine
Guaifenesin AC
Guaifenesin DAC
Guaifenesin DM
Guaifenesin Plain
Guaifenesin/Phenylephrine/DM
Guaifenesin/Pseudoephedrine/DM
Loratadine/Loratadine D
Pseudoephedrine
Triprolidine/Pseudoephedrine
Rx Products
Benzonatate Capsules (Limited to beneficiaries 10 years of age and above)
Fexofenadine
Senprex-D
Xyzal (Approved for patients failing therapy with a preferred OTC generic agent)

Mississippi Medicaid

The products listed to the left are covered by Mississippi Medicaid for the treatment of symptoms associated with coughs and colds.

FDA Recommendations Regarding Cough and Cold Products

On January 17, 2008, the FDA issued a Public Health Advisory recommending that OTC cough and cold products should not be used in infants and children less than 2 years of age because of potentially life-threatening side effects that can occur from their use.

These recommendations include products containing decongestants, expectorants, antihistamines, and antitussives.

The Agency is continuing to evaluate data concerning the use of these products in children ages 2 to 11 and will issue its recommendations concerning this age group once the review has been completed.

The list provided above is not inclusive of all cough/cold products covered by DOM. Complete versions of the Mississippi Medicaid OTC List and Preferred Drug List can be found at <http://www.medicaid.state.ms.us> under Pharmacy Services

Prior Authorization Program

Health information Designs, Inc. administers the pharmacy prior authorization program for the Division of Medicaid. Considering the large number of different types of medications encompassed by this program, there are several different types of prior authorization forms that a provider may need to use in order to obtain approval for a specific medication. This article should help providers in understanding which form should be used in specific circumstances.

Preferred Drug List Exception Request

This form type should be used in those instances when a provider is requesting a medication that is listed as “non-preferred” on the preferred drug list. In accordance with the criteria for approval of a non-preferred product, providers are asked to document 2 previous trials of preferred agents. In addition, any conditions or side effects that prevent the beneficiary from using the preferred products should be included in the designated areas. The Preferred Drug List can be found at www.dom.state.ms.us. Click on *Pharmacy Services*, then select *PDL* from the menu on the right-hand side of the page.

Children’s Medical Necessity

For children beneficiaries under the age of 21, a Children’s Medical Necessity Prior Authorization form may be submitted for review if a child has already met their 2/5 prescription limit for that month. Exceptions to the 2/5 prescription limit for beneficiaries under the age of 21 can be made when deemed medically necessary. Providers must include a diagnosis and an anticipated duration of therapy for each medication. It is important to be aware that requests for non-preferred products are subject to DOM approval criteria already in place for non-preferred products.

Early Refill

When a prescription is denying at the pharmacy due to an early refill, this is the form type that should be submitted for consideration. Providers should indicate the reason for the early refill in the space provided. It is important to note that early refills cannot be authorized if the patient is over the age of 21 and has met their monthly 2/5 prescription service limit.

Maximum Unit Override

This form should be used in those instances when a provider is writing a prescription for a quantity higher than what is considered the normal dose for that medication. This varies from medication to medication, but is generally based on the maximum recommended daily dosage outlined in the prescribing information for that medication. Providers should include medical justification for using dosages outside those recommended by the prescribing information. In addition, there are certain products on which the Division of Medicaid has placed quantity limits; this listing can be found at www.dom.state.ms.us. Click on *Pharmacy Services*, then select *Products with Quantity Limits* from the menu on the right-hand side of the page.

Brand Name Multi-Source Drug

When a prescriber is requesting a brand-name multiple source drug that has an FDA AB-rated generic equivalent, the Brand Name Multi-Source Drug form should be submitted. Documentation of previous trials of the generic equivalent, including length of therapy and a description of the observed allergic reaction or adverse event, should be provided on the form. Also, a copy of the MEDWATCH report that has been filed with the FDA regarding the reaction/event should be attached to the prior authorization form.

Carisoprodol

Beginning July 1, 2008, all carisoprodol-containing products require prior authorization. This form should be submitted in those cases of beneficiaries who have experienced acute musculoskeletal injuries and have failed a previous trial of cyclobenzaprine. For those beneficiaries who are chronic users of carisoprodol-containing products, providers can request a one-time fill of a quantity sufficient for tapering the beneficiary off of the carisoprodol product, as they are not indicated for long term use.

It is important to note that **ALL** prior authorization forms, regardless of the type of request, require the prescriber’s signature and a diagnosis that is clinically relevant to the medication being requested. Requests will be denied if this information is not provided in the designated areas on the prior authorization form.

A complete library of prior authorization forms, as well as the prior authorization criteria for each form, can be found at www.hidmsmedicaid.com.

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.

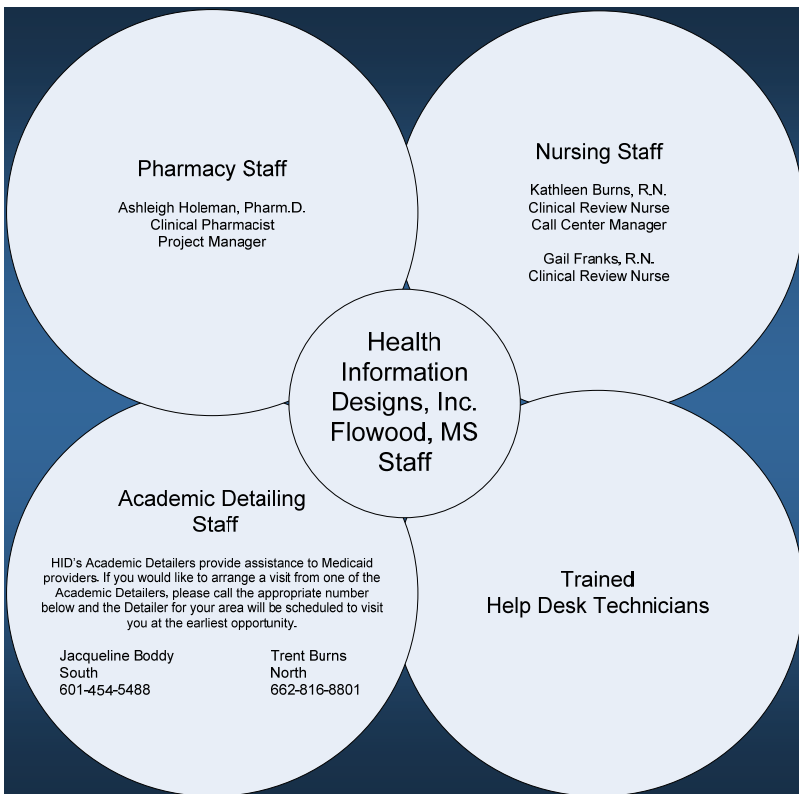
CDC Recommendations for treating infested households
Use hot water cycle (130° F) of a washing machine to clean all washable clothing and bed linens touched by the infested person two days before treatment.
Use the hot cycle of the dryer for at least 20 minutes on all washable items
Dry clean items that 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, permethrin lotion, and several pyrethrins/piperonyl butoxide preparations. Lindane shampoo is non-preferred 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
HID PA Fax 800-459-2135



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