

# Mississippi Medicaid Pharmacy Program Quarterly News

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Welcome to the Spring 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.

## Tamper-resistant Prescription Pad/Paper Mandate

Effective April 1, 2008, all non-electronic prescriptions must be written on tamper-resistant pads/paper in order to be eligible for reimbursement by Medicaid. The tamper resistant prescription pads/paper requirement applies to all outpatient drugs, including over-the-counter drugs. It also applies whether DOM is the primary or secondary payer of the prescription being filled. This new provision impacts all DOM prescribers: physicians, dentists, optometrists, nurse practitioners and other providers who prescribe outpatient drugs. Some of the exemptions to the mandate include telephoned, faxed, e-prescribed prescriptions, and prescriptions originally filled prior to April 1, 2008.

DOM encourages providers to implement all security features by April 1, 2008 to be in compliance with all program requirements. Note that computer generated prescriptions are not exempt from the CMS mandate. Per CMS guidance, pharmacies that are presented with a prescription on a non-tamper-resistant prescription pad/paper may satisfy the federal requirement by calling the provider's office and verbally confirming the prescription with the prescriber. The pharmacy shall document through placement on the original non-compliant prescription form that communication and confirmation has taken place.

For more information, visit DOM's website at [www.dom.state.ms.us](http://www.dom.state.ms.us), select Pharmacy Services, and go to tamper resistant prescription pad/paper information.

## DOM Covered Cough Products

Recently, the Division of Medicaid, working with the UM School of Pharmacy, revised optionally covered drugs such as over-the-counter drugs, prenatal vitamins, and cough preparations. Resulting changes included additions and deletions to the OTC formulary, limiting prenatal vitamins to legend products only, removing promethazine with codeine from Medicaid coverage and adding cough suppressant benzonatate to coverage. For a comprehensive listing of DOM's OTC formulary, refer to DOM's website at [www.dom.state.ms.us](http://www.dom.state.ms.us); select Pharmacy services and go to OTC formulary.

Retail pharmacists and primary physicians have long known that narcotic cough syrups are sought for misuse. Recently, a new twist on the abuse of one of these syrups, promethazine with codeine, has been uncovered and was recently reviewed by the Division of Medicaid's Drug Utilization Review (DUR) Board. A beverage consisting of promethazine with codeine mixed with a clear soft drink, such as Sprite, and a piece of hard candy has become a common drug of abuse. The concoction delivers approximately a full adult daily dose of codeine in a short period of time, resulting in sedation and euphoria. Known as Sizzurp, among other street names, this mixture has been mentioned as a recreational drug in songs by several Rap musicians. The presence of this abuse trend in metropolitan Jackson has been confirmed by the Mississippi Bureau of Narcotics, as recently reported by the Clarion-Ledger.

Providers are encouraged to maintain a heightened awareness of the potential for abuse and diversion of this product.

### Common Street Names

- |                |               |                  |
|----------------|---------------|------------------|
| • Sizzurp      | • Surp        | • Purple Sprite  |
| • Purple Drank | • Memphis Mud | • P-Juice        |
| • Purple       | • DJ Screw    | • Texas Tea      |
| • Lean         | • P-Flav      | • Many others... |

Visit HID's Mississippi Division of Medicaid Prior Authorization Webpage, [www.hidmsmedicaid.com](http://www.hidmsmedicaid.com)

## 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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## Flu Season Reflections

Over the past 25 years, the influenza 'season' has peaked most often during February, although the peak may occur during any month between November and March. According to the CDC website, Mississippi experienced widespread influenza cases for several consecutive weeks during the 2007-2008 season.

### **Vaccination**

One of the challenges of the 2007-2008 flu season was the lack of effectiveness of the flu vaccine. The vaccine is reformulated each year and contains three different influenza strains. The combination manufactured and used during this season was generally deemed to miss the mark. Patients who were vaccinated were often susceptible to the virus, although the severity and duration of illness were generally decreased. During most years, the vaccine is formulated using at least one strain from the previous years' vaccine. However, in an effort to improve the vaccine for the 2008-2009 season, all three strains will be different than those used for the 2007-2008 vaccine.

### **2007-2008 Flu Season in Mississippi**

- *The state experienced widespread incidence of flu throughout the season.*
- *The effectiveness of the flu vaccine was questionable.*
- *Over 2,800 Medicaid beneficiaries received Tamiflu prescriptions.*
- *Over 87 percent of Medicaid beneficiaries receiving Tamiflu were 18 or younger.*

### **Mississippi Incidence and Statistics**

The Mississippi Department of Health collects data on the incidence of influenza in the state. Selected health practitioners across the state report possible flu cases to MSDH for confirmation by laboratory testing. Please note that cases confirmed by the MSDH Public Health Laboratory represent the distribution of flu in the state, not an actual count of cases statewide. Through the end of February, there were 65 cases of flu confirmed through this process. As an indicator of the widespread incidence in the state, HID looked at the number of claims for Tamiflu among Medicaid beneficiaries during the fall and winter months. 2,829 unique Medicaid beneficiaries received a prescription of Tamiflu. Of these beneficiaries, over 87 percent were age 18 or younger.

### **Mississippi Medicaid Policies**

Immunizations for children up to the age of 18 are provided through the Vaccines for Children (VFC) Program and are available from a VFC provider. If you are interested in becoming a VFC provider, please contact DOM's Bureau of Maternal and Child Health at 601-359-6150.

For more information regarding DOM's immunization policies, refer to the DOM Policy Manual, Sections 77.04 and 77.05.

## Coverage of Prescriber-administered Medications

Medications administered in a clinical setting, such as physician offices and clinics, are not generally covered through the point-of-sale pharmacy program. This includes any medication that must be administered by a medical provider and is not self-administered by a patient, such as antibiotics, chemotherapeutic agents, infused biologics, injectable contraceptives and injectable hormone replacement products. These medications should be billed by the provider on a medical claim using the appropriate HCPCS code and NDC.

If you have additional questions regarding injections administered in a clinical setting, contact DOM's Bureau of Medical Services at 601-359-5653.

## 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. Beneficiaries up to the age of 21 years of age may receive more than the monthly limits with proof of medical necessity. A pharmacy claim may deny because the beneficiary has reached their monthly service limit(s) rather than non-Medicaid coverage. For more information on this provision, see [www.dom.state.ms.us](http://www.dom.state.ms.us) and select Pharmacy Services or call the HID Help Desk at 1-800-355-0486.

## Insect-borne Illnesses

With the milder temperatures and blooming flowers of springtime, we begin to look forward to several months of warmth and more time spent outdoors. Unfortunately, the warmer days of spring and summer also coincide with the season of diseases associated with insects.

The chart below lists the viruses known to cause illness in humans that are carried by mosquitoes in the

United States and the number of confirmed or probable cases in Mississippi during 2007.

### **West Nile Virus (WNV)**

WNV has become an annual concern for Mississippians with an increase in the incidence of the disease and the number of deaths resulting from the disease in recent years. Other years have seen signifi-

**Mississippi 2007 Mosquito-borne Illness Statistics<sup>1</sup>**

<i>Virus</i>	<i>Cases</i>	<i>Deaths</i>
West Nile Virus (WNV)	135	4
St. Louis Encephalitis (SLE)	1	N/A
LaCrosse Encephalitis (LAC)	N/A	N/A
Eastern Equine Encephalitis (EEE)	N/A	N/A

Source: Mississippi State Department of Health Website, <http://www.health.ms.gov/msdhsite/index.cfm/14,4625,93,63.html>; accessed March 1, 2008.

cantly higher numbers of deaths from WNV. For example, there were 12 Mississippi deaths associated with WNV in 2002 and 14 were reported in 2006 .

### **Clinical Features of WNV**

Fortunately, most WNV infections are mild and clinically unapparent. In fact, only about 20 percent of those infected with WNV develop clinical symptoms, which generally last three to six days. While the full clinical spectrum of West Nile Virus has not been determined in the United States, the disease is generally associated with flu-like symptoms, including malaise, anorexia, nausea, vomiting, eye pain, headache, myalgia, rash, and lymphadenopathy.

Approximately one in 150 infections results in severe neurological disease, specifically encephalitis and, less commonly, meningitis. Older people are at higher risk for developing this more severe form of the disease. The symptoms associated with patients hospitalized with severe WNV include fever, gastrointestinal symptoms, weakness, and change in mental status. The neurological presentations include ataxia and extrapyramidal signs, cranial nerve abnormalities, myelitis, optic neuritis, polyradiculitis, and seizures.

### **CDC Recommendation for Healthcare Providers**

While severe neurological disease due to WNV infection is more often associated with adults over age 50, WNV should be considered in all persons with unexplained encephalitis and meningitis.

### **Lyme Disease**

Lyme disease is caused by the bacterium *Borrelia burgdorferi*, spread to humans by infected deer ticks. Although Lyme disease can be serious if not treated, it is not fatal.

The symptoms of Lyme disease are best described in two stages. The early stage is usually a 'bullseye'-shaped rash at the site of the tick bite, appearing anywhere from three days to a month after the bite. Flu-like symptoms, such as fever, headache, myalgia, malaise, and lymphadenopathy are also common during the early stage of Lyme disease. If not treated, about half of patients infected with the bacteria will experience a reoccurrence of the rash at a different site, followed by more serious symptoms later.

Weeks to months after the tick bite, about 60 percent of untreated patients will experience intermittent arthritis symptoms. The knees and other large joints are commonly affected. In addition, up to five percent of untreated patients may develop chronic neurological complaints months to years after infection.

### **CDC Treatment Recommendation**

Most patients can be cured through oral treatment with doxycycline, amoxicillin, or cefuroxime axetil, although some patients with certain neurological or cardiac forms of illness may require intravenous treatment with drugs such as ceftriaxone or penicillin.

**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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