

Mississippi Medicaid Pharmacy Program Quarterly News

Spring 2009

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Welcome to the Spring 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.

Use of Cough and Cold Products in Children

In January 2007, the CDC warned caregivers and healthcare providers of the risk for serious injury or fatal overdose from the administration of cough and cold products to children and infants less than 2 years of age. This warning followed an investigation of the deaths of three (3) infants less than 6 months of age that were attributed to the accidental inappropriate use of these products. The CDC report estimated that 1519 children under the age of 2 were treated in emergency rooms during 2004 -2005 for adverse events related to cough and cold medications.

In October 2007, the FDA Nonprescription Drug Advisory Committee and the Pediatric Advisory Committee recommended that nonprescription cough and cold products not be used in children less than 6 years of age. In January 2008, the FDA issued a Public Health Advisory recommending that OTC cough and cold products, including decongestants, expectorants, antihistamines, and antitussives, not be used in infants and children under 2 years. This recommendation did not address the use of these products in children over the age of 2, as their review of data in this age group is continuing. As soon as this review is complete, the FDA plans to issue its recommendations regarding the use of these products in children ages 2-11.

In accordance with FDA recommendations, coverage of the over-the-counter cough and cold products for beneficiaries has been closed for Medicaid beneficiaries under the age of 2. Legend, or prescription, products remain available as a treatment option for cough and cold symptoms in pediatric patients; be advised there are point-of-sale or pharmacy edits based on the FDA-approved age for each product. This means that if a certain legend product is FDA-approved only for children over the age of 6, claims for this product for beneficiaries under that age will deny at the point of sale and require prior authorization. Please be aware of these changes when using these medications in pediatric Mississippi Medicaid beneficiaries.

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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Suboxone[®] and Subutex[®]

Suboxone[®] and Subutex[®] are agents that are indicated for the treatment of opioid dependence. Both contain buprenorphine, an opioid agonist-antagonist that produces the same opioid agonist effects as other opioids but has a ceiling effect on these actions. Suboxone[®] also contains naloxone, an agent that is included to discourage the diversion and misuse of the buprenorphine component. When taken orally, naloxone has limited bioavailability; when crushed and injected, it will precipitate opioid withdrawal symptoms. Therefore, Suboxone[®] is the preferred agent when being used in an outpatient setting; Subutex[®] should only be administered in a supervised setting, due to the absence of naloxone.

Currently, Suboxone[®] and Subutex[®] require prior authorization for Mississippi Medicaid beneficiaries. HID recently conducted a claims analysis of Suboxone[®] and Subutex[®] utilization for Mississippi Medicaid beneficiaries. Following the national trend, utilization has increased for these agents within the Mississippi Medicaid pharmacy program. This increase in Suboxone[®]/Subutex[®] utilization was dramatic, from both a claims count and cost perspective.

With such a large spike in utilization in just one year, concerns that these agents are possibly being used off label have arisen. Suboxone[®] and Subutex[®] are not FDA-approved for pain management, although a recent article in the Pharmacist's Letter indicated that both of these medications are being used more frequently for treating pain. While buprenorphine is effective at treating pain, there are more cost-effective methods available that have been FDA-approved for this indication. In addition, it is counterproductive to prescribe additional narcotic analgesics when the beneficiary is currently taking buprenorphine, because buprenorphine binds tightly with the mu opioid receptor and will not be displaced by most other opioids, including hydrocodone.

As a result of the dramatic increase in utilization and the suspicion of off-label use, HID and DOM are currently revising the prior authorization process for Suboxone[®] and Subutex[®] to more effectively ensure that these agents are being used appropriately in the Mississippi Medicaid population. More details regarding the revised prior authorization criteria will be included in the Summer 2009 Newsletter.

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, and injectable hormone replacement products. These medications should be billed by the provider on a medical claim using the appropriate HCPCS code and NDC. In accordance with DOM Provider Policy Section 4.02. and CMS guidelines, Medicaid beneficiaries cannot be treated differently than other patients. That means, Medicaid beneficiaries cannot be sent to the pharmacy for a drug to be administered in a clinical setting IF everyone else is not treated the same.

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

Potentially Inappropriate Medications in the Elderly

A recent report issued by Information and Quality Healthcare (IQH), the state's Medicare quality improvement organization, shows that Mississippi providers rank **#2 in the nation** in prescribing potentially inappropriate medications to elderly patients. These medications were taken from the Beers criteria, a listing of medications that should be avoided in patients 65 years of age and older. The chief potentially inappropriate medication prescribed in the elderly in Mississippi is propoxyphene, followed by cyclobenzaprine, carisoprodol, promethazine, scopolamine, and diazepam. HID, in conjunction with IQH, presented this information to the Division of Medicaid's Drug Utilization Review Board recently in an effort to stimulate conversations on methods to increase awareness in the medical community about this issue. Data was presented to the DUR Board showing that there was significant use of these medications in the elderly Mississippi Medicaid population. As a result, the DUR Board voted unanimously to develop a program to notify prescribers who are providing these medications to elderly beneficiaries, in an effort to educate them of the risks associated with using these medications in elderly beneficiaries. This collaborative effort between IQH, HID and the DUR Board should benefit both the elderly Mississippi Medicaid beneficiaries and the Division of Medicaid, by reducing injuries, emergency room visits, and hospitalizations associated with adverse events from use of these medications.

Medicaid Provider Bulletin

The Mississippi Medicaid Bulletin is published monthly and includes timely information regarding policies affecting Mississippi Medicaid providers. The most recently published Bulletin and an archive of past Bulletins are available at www.medicaid.ms.gov under Pharmacy Services.

Bacterial Conjunctivitis



Mississippi Division of Medicaid

- *Conjunctivitis may be caused by allergies, viruses, and/or bacteria.*
- *Conjunctivitis is generally self-limiting. Treatment should center around increasing patient comfort, reducing duration and preventing transmission.*
- *The majority of cases of conjunctivitis in children are caused by adenoviruses, rather than bacteria.*
- *Generically-available ophthalmic antibiotics are sufficient for many cases of bacterial conjunctivitis and provide a more cost-effective alternative to more expensive brand agents.*

Prescribing Information Update

BACTERIAL CONJUNCTIVITIS

Commonly referred to as “pink eye”, conjunctivitis is characterized by itching, tearing, discharge, irritation, or foreign body sensation. There are several types of conjunctivitis, based on etiology, including allergic, mechanical (irritative), viral, and bacterial.

Bacterial versus Viral

The majority of cases of conjunctivitis are caused by viruses, most commonly adenoviruses. Viral conjunctivitis is self-limiting and requires no therapy other than careful hand washing to minimize spread of the virus to others. According to The American Academy of Ophthalmology, bacterial conjunctivitis may also be self-limiting and not require antibiotic therapy, although this practice is not approved for children.

Management

The treatment of conjunctivitis centers around increasing patient comfort, reducing the duration of symptoms, and preventing transmission of infection to other patients. The following table is adapted from guidelines from the American Optometric Association.

Type	Management Guidelines
Allergic	Non-preserved lubricants, cold compresses, systemic antihistamines, topical pharmaceuticals
Bacterial	Identify organism if possible, topical ophthalmic antibiotics if indicated
Viral	Cold compresses, lubricants, ocular decongestants

Treatment Choices

There are many ophthalmic antibiotics available for the treatment of bacterial conjunctivitis. The chart below lists several available agents. Although the newer fluoroquinolones may have better *in vitro* activity against common pathogens, ophthalmic formulations of antibacterial drugs achieve high concentrations in the eye that may be effective clinically even when the organisms are reported to be resistant *in vitro*.

Agent	Generic	Price	Agent	Generic	Price
Azithromycin (Azasite®)	No	\$\$\$\$	Moxifloxacin (Vigamox®)	No	\$\$\$\$
Bacitracin/poly B (Polysporin®)	Yes	\$\$	Neomycin/poly B/bacitracin (Neosporin®)	Yes	\$\$
Ciprofloxacin (Ciloxan®)	Yes	\$\$\$	Ofloxacin (Ocuflox®)	Yes	\$\$\$
Erythromycin (Ilotycin®)	Yes	\$	Sulfacetamide (AK-sulf®, Bleph-10®)	Yes	\$
Gatifloxacin (Zymar®)	No	\$\$\$\$	Tobramycin (Tobrex®)	Yes	\$
Gentamicin (Garamycin®)	Yes	\$	Trimethoprim/polymyxin B (Polytrim®)	Yes	\$\$
Bacitracin (AK-tracin®)	Yes	\$	Levofloxacin (Quixin®, Iquix®)	No	\$\$\$\$

Price Indicators reflect average cost per claim based on Mississippi Medicaid Utilization.

References:

- Drugs for Some Common Eye Disorders. Treatment Guidelines from the Medical Letter. Vol. 5 (Issue 53). January 2007.
- Care of the Patient with Conjunctivitis Quick Reference Guide. Optometric Clinical Practice Guideline on Care of the Patient with Conjunctivitis. American Optometric Association. St. Louis, MO.
- American Academy of Ophthalmology Corneal/External Disease Panel. Preferred Practice Pattern: Conjunctivitis. San Francisco, CA: AAO; 2003.

Go to www.hidmsmedicaid.com for Prescribing Information Updates on a variety of topics.

Seasonal Focus

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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PRST STD

U.S. Post-
age

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Mailing Address Line 3
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