

Mississippi Medicaid Pharmacy Program Quarterly News

Spring 2010

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Welcome to the Spring 2010 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.

Medicare Part D and Medicaid: Pharmacy Benefits

On January 1, 2006, those beneficiaries enrolled in both Medicaid and Medicare-known as dual-eligible beneficiaries-began receiving prescription drug coverage through Medicare Part D. These beneficiaries do not have to pay a Part D premium due to their dual status. There are a limited number of medications that Medicaid continues to reimburse for the full dual eligible. For a comprehensive listing of products covered by Medicaid for the full dual eligible, refer to the Division of Medicaid’s Pharmacy Services’ Web page at <http://www.medicaid.ms.gov/Pharmacy.aspx>, and select *Medicaid Covered Drugs for Duals* from the menu on the right hand side of the page.

A common misconception is that Medicaid will pay for medication(s) if the Part D plan does not cover and/or requires prior authorization. This is incorrect. CMS guidelines state that Medicaid is precluded from covering therapeutic classes covered by Part D. That is, Medicaid can only reimburse for the standard CMS exclusions, or the limited listing of products as described in the preceding paragraph. For situations where the product is not covered or requires prior authorization, pharmacists should consider contacting the beneficiary and/or their provider to discuss generic or therapeutic alternatives listed on the beneficiary’s Part D plan formulary.

Keep in mind that DOM considers Medicare Part D payments as paid in full and are not subject to the TPL (Third Party Liability) allowance.

In accordance with federal guidelines, Medicaid is always the payer of last resort.

Influenza and Antiviral Medications

Traditionally, the number of seasonal influenza cases peaks sometime during the late winter and early spring months (January – March). In August 2009, with the H1N1 outbreak, the Division of Medicaid recognized that there would be issues surrounding the availability and potential misuse of the antiviral medications. As a result, safeguards and restrictions were implemented proactively in effort to make necessary medications available to beneficiaries in a prompt manner, while also preventing potential misuse. These changes are outlined below:

- For beneficiaries under the age of 21, Tamiflu® or other antiviral medications used for the treatment of influenza will be exempt from the 2 brand/5 prescription service limit. This provision is made for pediatric beneficiaries < 21 years of age **only**.
- As a result of shortages of the Tamiflu® 12mg/mL Powder for Suspension, the Division of Medicaid has provided open access to Cherry Syrup and Ora-Sweet® vehicles to facilitate compounding for pediatric beneficiaries.
- Based on recommendations from the Drug Utilization Review board, antiviral prescription quantity limits of 2 prescriptions per beneficiary per calendar year were implemented in August 2009. These limits reflect the CDC’s antiviral dosing recommendations

If providers experience problems billing for compounded Tamiflu® suspension prescriptions or identify the need for more than the yearly antiviral quantity limit in a particular beneficiary, please contact HID at 1-800-355-0486 for further assistance.

Mississippi Medicaid OTC List

Mississippi Medicaid covers certain OTC medications with the provision of a written, telephonic or electronic prescription. A listing of these covered products can be found at www.medicaid.ms.gov under Pharmacy.

Inside this issue:

Page

<i>Medicare Part D and Medicaid</i>	1
<i>Influenza and Antiviral Medications</i>	1
<i>Strattera</i>	2
<i>Photosensitivity and Medications</i>	2
<i>Seasonal Focus—MRSA</i>	3
<i>HID Staff Contact Information</i>	4

Strattera[®]

Strattera[®] is a selective norepinephrine reuptake inhibitor (SNRI) and is the first nonstimulant drug approved for attention deficit hyperactivity disorder (ADHD). It does not have the potential for abuse and is not classified as a controlled substance, unlike most of the other medications used for ADHD. Clinical guidelines recommend the use of the stimulants methylphenidate, dextroamphetamine, or amphetamine salts, in combination with behavioral therapy as first line treatment of ADHD. However, Strattera may be considered an alternate therapy in patients where stimulants are not an option or if initially preferred by the parents and/or health care provider. Beginning January 1, 2010, Strattera is a non-preferred product for Mississippi Medicaid beneficiaries. In order to obtain prior authorization approval for Strattera, beneficiaries must have tried and failed treatment with two preferred long-acting ADHD agents. Additionally, stable therapy will be considered basis for prior authorization approval of Strattera, with stable therapy defined as one paid claim of Strattera within the last 120 days. This evidence must be verifiable through a review of paid pharmacy claims. For a complete listing of all preferred long-acting ADHD agents, please review the Preferred Drug List at www.medicaid.ms.gov under *Pharmacy*.

Medications that Increase Photosensitivity

With spring here and summer on the way, it is important to remind patients to use sunscreen as many people spend more time outdoors in the spring and summer months. Inform patients to use a sunscreen with an SPF 15 or greater, and be sure they are using a product that covers both UVA and UVB rays. This is especially important for patients taking medications that increase photosensitivity. A table is provided below summarizing commonly-prescribed medications that can cause photosensitivity.

Therapeutic Class	Drugs
Analgesic Agents	NSAIDs* , COX-2 Inhibitors* , cyclobenzaprine, dantrolene, sumatriptan
Antibiotics	Fluoroquinolones* , Tetracyclines* , Sulfonamides* , azithromycin, metronidazole
Anticonvulsants	Carbamazepine, felbamate, gabapentin, lamotrigine, oxcarbazepine, phenytoin, topiramate, valproic acid
Antidepressants	Tricyclic antidepressants* , SSRIs* , bupropion, mirtazapine, nefazodone, trazodone, venlafaxine
Sulfonylureas	Glimepiride, glipizide, glyburide
Antihistamines	Cetirizine, diphenhydramine, loratadine, promethazine
Antifungals	Ancobon [®] , griseofulvin, itraconazole, ketoconazole, Vfend [®]
Antipsychotics	Phenothiazines* , clozapine, haloperidol, loxapine, Zyprexa [®] , Seroquel [®] , risperidone, Geodon [®]
Antivirals	Acyclovir, amantadine
Diuretics	Hydrochlorothiazide, metolazone, bumetanide, furosemide, triamterene
Hormones	Oral contraceptives* , corticosteroids
Sedative/hypnotics	Alprazolam, chlordiazepoxide, zaleplon, zolpidem
Skin agents	Benzocaine, isotretinoin, minoxidil, tacrolimus, tretinoin
Antihypertensives	Calcium Channel Blockers* , captopril, enalapril, hydralazine, labetalol, sotalol
Cardiovascular agents	Statins* , fenofibrate, acetazolamide, amiodarone, methyldopa, quinidine, clopidogrel

* While most medications in this drug class cause photosensitivity, information for specific agents within the class can be found in the package insert for that agent.

ADHD Agents and Adults

Beginning January 1, 2010, prior authorization is required for *all* ADHD agents for beneficiaries 21 years of age and older. The prior authorization request submitted must include an appropriate diagnosis for the requested medication. Examples of FDA-approved diagnoses for the ADHD agents include narcolepsy and ADD/ADHD.

Community Acquired MRSA

Data suggests that the incidence of community acquired MRSA (methicillin-resistant *Staphylococcus aureus*) is on the rise. Community acquired MRSA manifests as a skin and soft tissue infection, usually a boil or an abscess. Symptoms associated with an MRSA infection include redness, pus, and sometimes fever. A patient might present with the complaint that they have a 'spider bite'. It is important to encourage patients to be seen by a physician as these MRSA skin infections can progress to more serious infections if left untreated.

Primary Treatment Options

Incision and drainage is the primary therapy for these skin infections, but empiric antibiotic therapy is often indicated. Because community acquired MRSA infections are resistant to currently available beta-lactam antibiotics, including penicillins (penicillin, amoxicillin), methicillin, and cephalosporins, they are generally treated with fluoroquinolones or sulfamethoxazole/trimethoprim.

Patient Education

Patients should be encouraged to follow their doctor's instructions and finish any antibiotics that are prescribed. To avoid spreading an MRSA infection while being treated, patients should:

- ⇒ **Cover the wound.** Keep wounds that are draining or have pus covered with clean, dry bandages until healed. Pus from infected wounds can contain staph, including MRSA, so keeping the infection covered will help prevent the spread to others. Bandages and tape can be discarded with the regular trash.
- ⇒ **Keep hands clean.** The patient, his/her family, and others in close contact should wash their hands frequently with soap and water or use an alcohol-based hand sanitizer, especially after changing the bandage or touching the infected wound.
- ⇒ **Do not share personal items.** Personal items, such as towels, washcloths, razors, clothing, or uniforms that may have had contact with the infected wound or bandage should not be shared. Wash sheets, towels, and clothes that become soiled with water and laundry detergent. Use a dryer to dry clothes completely.
- ⇒ **Talk to the doctor.** Tell any healthcare providers who treat you that you have or had a staph or MRSA skin infection.

How to Prevent the Spread of MRSA

Factors that have been associated with the spread of MRSA skin infections include: close skin-to-skin contact, openings in the skin such as cuts or abrasions, contaminated items and surfaces, crowded living conditions, and poor hygiene.

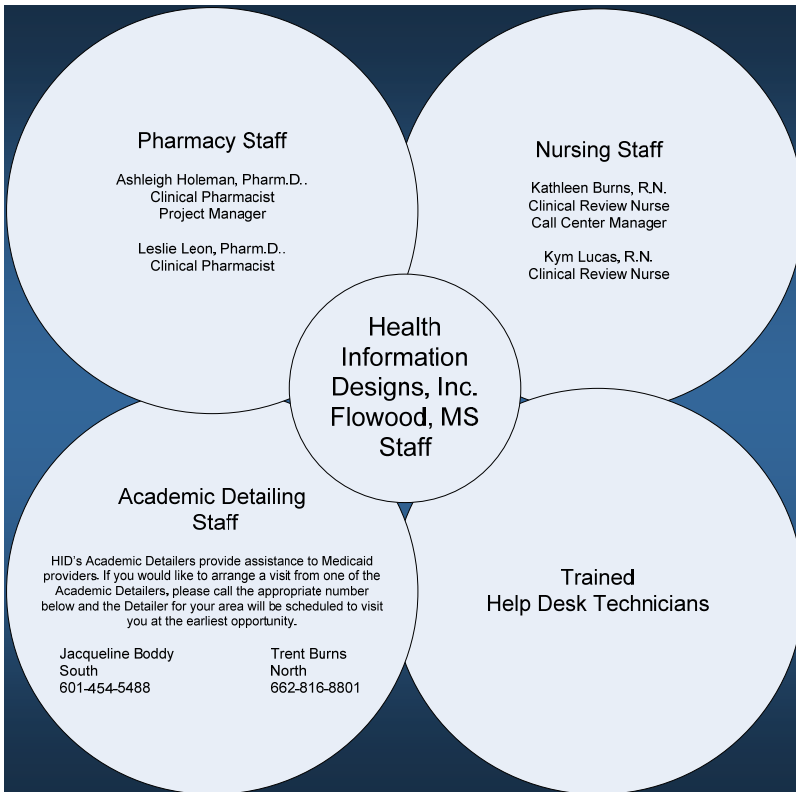
Tips for MRSA Prevention
Keep hands clean by washing thoroughly with soap and water or using an alcohol-based hand sanitizer.
Keep cuts and scrapes clean and covered with a bandage until healed.
Avoid contact with other people's wounds or bandages.
Avoid sharing personal items such as towels or razors.



References:

Community Acquired MRSA: Information for Healthcare Professionals. Centers for Disease Control and Prevention (CDC). www.cdc.gov. Accessed November 23, 2009.

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-
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