

Mississippi Medicaid Pharmacy Program Quarterly News

Summer 2008

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Welcome to the Summer 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.

Carisoprodol (Soma)

Beginning July 1, 2008, Mississippi Medicaid will require that all carisoprodol-containing products be subjected to the prior authorization process as recommended by DOM's P & T Committee and DUR Board.

Carisoprodol is a centrally-acting skeletal muscle relaxant that is indicated for the relief of discomfort associated with acute, painful musculoskeletal conditions in adults. It should only be used for short periods of time, up to two to three weeks, because efficacy in more prolonged cases has not been established. Also, in general, acute musculoskeletal injuries are of short duration.

Although carisoprodol is not a controlled substance, abuse associated with this drug is well-documented. Carisoprodol is used frequently by poly-drug abusers, especially those dependent on opioids.

The following criteria will be used to review the prior authorization requests for these products.

Carisoprodol Products to Require PA
Soma*
Soma Compound*
Soma Compound with Codeine*
* All forms, including generic equivalents

Approval criteria

Prior authorization will only be granted for the treatment of acute musculoskeletal conditions.

Beneficiaries must have tried and failed in the past 21 days or have documented intolerance to cyclobenzaprine.

Denial criteria

Concurrent meprobamate therapy or history of meprobamate use within the past 90 days.

New prescriptions

Approval will be limited to a 21-day supply for a maximum of 84 tablets, in accordance with the FDA-approved labeling of carisoprodol.

Patients will only be allowed a maximum of **one** 84-tablet prescription every six months, for a total of two prescriptions per year.

Chronic carisoprodol users

Approval will be limited to one 18-tablet supply to allow for the 9-day tapering schedule. The tapering schedule can be found at http://www.medicaid.state.ms.us/Pharmacy_Services/Carisoprodol_Tapering.pdf.

Beneficiaries will only be allowed **one** 18-tablet prescription to allow for the tapering schedule.

Visit HID's Mississippi Division of Medicaid Prior Authorization Webpage, www.hidmsmedicaid.com

RxPert™ Electronic PA System

RxPert is an automatic prior authorization system that operates behind the scenes to approve prescriptions for Medicaid beneficiaries. Saving time for both providers and beneficiaries, electronic PA is an important component of the prior authorization process. HID's RxPert has been in place for DOM for over three years and has successfully reviewed over 700,000 PA requests for DOM providers and beneficiaries.

Inside this issue: Page

Carisoprodol PA	1
PDL Changes	2
Children's Medical Necessity	2
Asthma/Allergy Season	3
HID Staff/Contact Information	4

PDL Changes

During the first few months of this year, the Medicaid Pharmacy and Therapeutics Committee reviewed many drug classes for DOM's Preferred Drug List (PDL). As a result of these reviews, several changes will be made to the PDL, effective July 1, 2008. For a complete PDL visit the DOM website, www.dom.state.ms.us, select Pharmacy Services and select PDL from the menu.

Drug Class	PDL Additions	PDL Removals
Angiotensin Modulators	Aceon, Cozaar, Micardis	
Angiotensin Modulator/CCB Combinations	Azor, Lexxel, Tarka	
Anticoagulants, injectable	Fragmin	
Antimigraine Medications/Triptans	Relpax	Maxalt
Antiparkinson's Agents	Kemadrin, Requip, Stalevo	
Beta Blockers	Bystolic	
Bladder Relaxants	Oxytrol transdermal, Sanctura, Sanctura	Detrol
BPH Agents	Avodart	
Calcium Channel Blockers (CCB)	Covera-HS, Dynacirc SR	
Lipotropics, other	Antara	Zetia
Lipotropics, statins	Lescol/Lescol XL, Simcor	
Multiple Sclerosis Agents	Avonex, Betaseron, Copaxone, Rebif	
Platelet Aggregation Inhibitors	Plavix	
Antihistamines, minimally sedating	Xyzal	Clarinet
Bone Resorption Suppression and Related Agents	Actonel	
Bronchodilators, anticholinergic	Atrovent	
Bronchodilators, beta agonists		Xopenex HFA, Xopenex solution
Glucocorticoids, inhaled	QVAR, Azmacort, Aerobid, Symbicort	Pulmicort Flexhaler
Growth Hormone		Tev-Tropin, Norditropin, Serostim
Hypoglycemics, insulin and related agents		Levemir, Apidra
Hypoglycemics, meglitinides	Prandin	
Intranasal rhinitis agents	Nasarel, Veramyst	Flonase
Leukotriene modifiers	Accolate	
Sedative Hypnotics		Ambien CR, Lunesta

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 and select Pharmacy Services or call the HID Help Desk at 1-800-355-0486.

Allergy and Respiratory Disease

The relationship between allergy triggers and asthma has become more clear in recent years and the summer season brings its own set of challenges for patients with respiratory disease. A significant update to the asthma treatment guidelines was published last fall. The following prescribing information update highlights the recommendations in this publication.

Seasonal Focus—Allergies and Respiratory Disease



Prescribing Information Update

Asthma

An updated version of the NIH Asthma Guidelines was released in September 2007. One of the main differences from the 1997 report is that recommendations for the management of children ages 0-4 and 5-11 are presented separately from those patients ages 12 and above. In addition, the stepwise approach has been expanded to include more steps of care in order to simplify the actions within each step. The chart below summarizes the recommendations in the 2007 report.

Step	Age 0-4	Age 5-11	Age ≥ 12
1	<i>Preferred</i> – SABA prn	<i>Preferred</i> – SABA prn	<i>Preferred</i> – SABA prn
2	<i>Preferred</i> – Low-dose ICS <i>Alternative</i> – Cromolyn or montelukast	<i>Preferred</i> – Low-dose ICS <i>Alternative</i> – Cromolyn, LTRA, nedocromil, or theophylline	<i>Preferred</i> – Low-dose ICS <i>Alternative</i> – Cromolyn, LTRA, nedocromil, or theophylline
3	<i>Preferred</i> – Medium-dose ICS	<i>Preferred</i> – EITHER Low-dose ICS + either LABA, LTRA or theophylline OR Medium dose ICS	<i>Preferred</i> – Low-dose ICS + LABA OR Medium-dose ICS <i>Alternative</i> – Low-dose ICS + either LTRA, theophylline or zileuton
4	<i>Preferred</i> – Medium-dose ICS + either LABA or montelukast	<i>Preferred</i> – Medium-dose ICS + LABA <i>Alternative</i> – Medium-dose ICS + either LTRA or theophylline	<i>Preferred</i> – Medium-dose ICS + LABA <i>Alternative</i> – Medium-dose ICS + either LTRA, theophylline, or zileuton
5	<i>Preferred</i> – High-dose ICS + either LABA or montelukast	<i>Preferred</i> – High-dose ICS + LABA <i>Alternative</i> – High-dose ICS + either LTRA or theophylline	<i>Preferred</i> – High-dose ICS + LABA AND Consider omalizumab for patients who have allergies
6	<i>Preferred</i> – High-dose ICS + either LABA or montelukast Oral systemic corticosteroids	<i>Preferred</i> – High-dose ICS + LABA + oral systemic corticosteroid <i>Alternative</i> – High-dose ICS + either LTRA or theophylline + oral systemic corticosteroid	<i>Preferred</i> – High-dose ICS + LABA + oral corticosteroid AND Consider omalizumab for patients who have allergies

- SABA as needed for symptoms; frequency depends on severity of symptoms
- With viral URI, SABA every 4 to 6 hours up to 24 hours; short course of oral corticosteroids may be warranted depending on severity of episode.
- Frequent use of SABA may indicate the need to step up treatment. See full 2007 report for further recommendations

SABA—Short acting beta agonist; ICS—inhaled corticosteroids; LABA—long-acting beta agonist; LTRA—leukotriene receptor antagonist

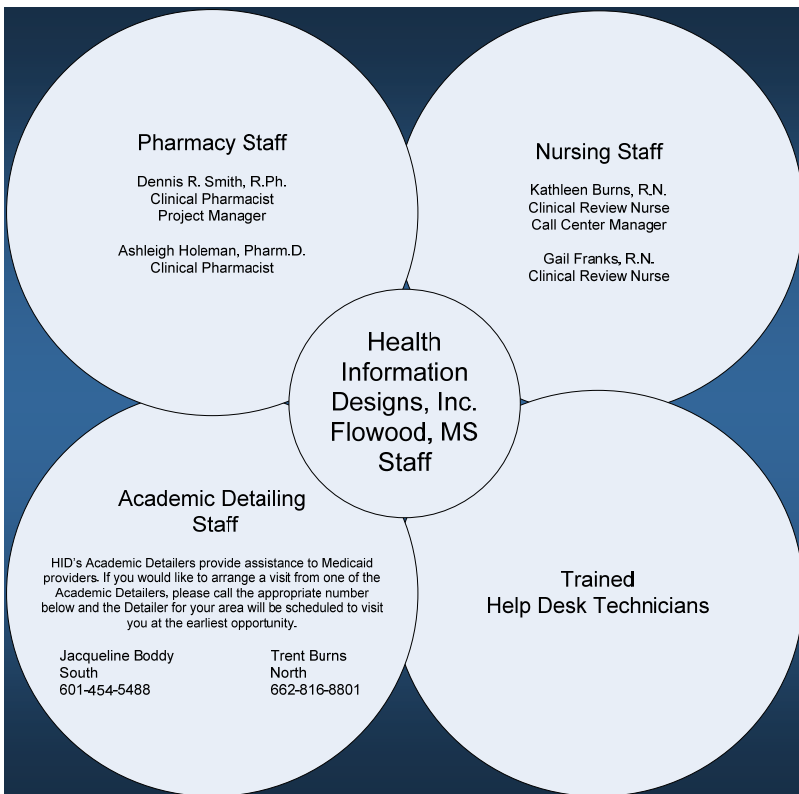
References:
Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma, Full Report 2007, National Heart, Lung and Blood Institute.

Mississippi Medicaid Prescribing Information Updates on additional topics are available at www.hidmsmedicaid.com

OTC Antihistamines

Beginning on April 1, 2008, over-the-counter (OTC) cetirizine (generic Zyrtec) became a preferred product on the DOM PDL. Other OTC antihistamines such as chlorpheniramine, diphenhydramine, and loratadine, are also preferred products. For a full listing of covered OTC products, visit www.dom.state.ms.us, select Pharmacy Services, then select OTC list.

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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