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# Mississippi Medicaid Pharmacy Program Quarterly News

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Summer 2007

Welcome to the Summer 2007 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.

The Mississippi DOM has contracted with HID to review and process prior authorizations (PAs) for medications considered non-preferred agents on the Preferred Drug List (PDL) or other agents requiring prior authorization by the Mississippi DOM.

The Summer 2007 newsletter contains the carisoprodol (Soma®) Prescribing Information Update and recommended tapering schedule approved by the Mississippi DOM Drug Utilization Review Board and endorsed by the DOM Pharmacy and Therapeutics Committee. This document was developed to encourage appropriate use of carisoprodol, while raising awareness among prescribers of the risk of dependence and abuse associated with this agent.

## Helpful Numbers

**HID Help Desk**

**800-355-0486**

**HID PA Fax**

**800-459-2135**

<b>MEET OUR STAFF</b>
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<b>Trained Help Desk Technicians</b>

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



## Mississippi Division of Medicaid

- *Carisoprodol (Soma®) is metabolized to meprobamate, a controlled substance with addiction potential.*
- *Long-term use of carisoprodol is not recommended due to the risk of dependence and addiction.*
- *Treatment should be limited to two to three weeks in duration.*
- *Mississippi Medicaid has placed monthly dispensing quantity limits on carisoprodol (Soma®).*

# Prescribing Information Update

## CARISOPRODOL (Soma®)

### Indications

Carisoprodol is indicated as an adjunct to rest, physical therapy, and other measures for the relief of discomfort associated with acute, painful musculoskeletal conditions.

### Efficacy

The skeletal muscle relaxant effects of carisoprodol are minimal and are likely related to its sedative effect. It does not directly relax skeletal muscle and does not depress neuronal conduction, neuromuscular transmission, or muscle excitability.

### Abuse Potential

Abuse associated with carisoprodol is well-documented and non-medical use of carisoprodol is an increasing problem. Carisoprodol is used frequently by poly-drug abusers, particularly those dependent on opioids.

According to a study performed in Mississippi and published in 1999, a significant percentage of the physician population is unaware of the potential for abuse associated with carisoprodol use and of its metabolism to meprobamate, a controlled substance. Although awareness has likely increased since that time, it is important that this message continue to be communicated to prescribers. Caution should be exercised when prescribing carisoprodol, especially if the patient has a history of substance abuse.

### Risk of Long-term Use

The risk of dependence is increased significantly with long-term use. Treatment with carisoprodol, therefore, should be limited to two to three weeks in duration.

In 2006, the FDA required labeling changes to the package insert of carisoprodol to stress the risk of abuse and dependence. Its use should generally be limited to the acute treatment setting. Caution should be exercised when prescribing carisoprodol, especially if the patient has a history of substance abuse. Long-term use should be avoided.

### Appropriate Discontinuation

Patients on high doses of carisoprodol may suffer withdrawal symptoms upon discontinuation. A withdrawal program similar to one used for alcohol withdrawal may be required for these patients. A suggested tapering schedule for such patients is to reduce the dose daily by 25% of the previous day's dose.

A tapering schedule is available from the Division of Medicaid to assist prescribers in the appropriate discontinuation of carisoprodol. This schedule can be found at [www.doh.state.ms.us](http://www.doh.state.ms.us) under Pharmacy Services.

### Medicaid Dispensing Limitations

The Division of Medicaid has placed the following quantity restrictions on the dispensing of carisoprodol.

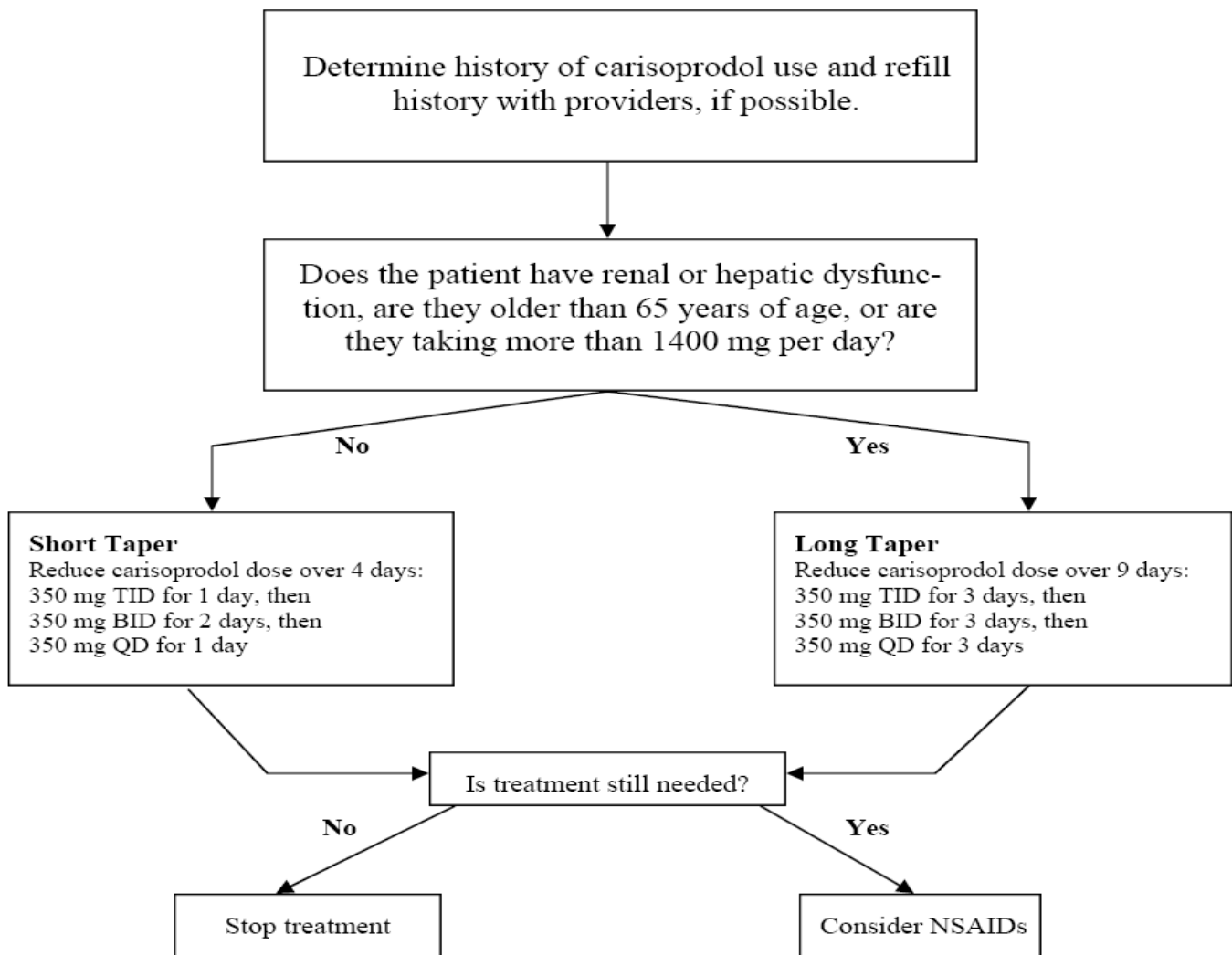
Product	Maximum Quantity Per Fill	Implementation Date
carisoprodol (Soma®) carisoprodol/ASA (Soma Compound®) carisoprodol/ASA/codeine (Soma Compound with Codeine®)	<i>These products are limited to a cumulative total of 60 units per 30 rolling days.</i>	5-8-2006

### References:

- Drug Facts and Comparisons. Clinisphere 2.0. Copyright 2006 Wolters Kluwer Health, Inc.
- Reeves RR, Carter OS, Pinkofsky HB, Struve FA, Bennett DM. Carisoprodol (Soma): abuse potential and physician unawareness. G.V. (Sonny) Montgomery VA Medical Center, University of Mississippi School of Medicine, Jackson 39216, USA. *J Addict Dis.* 1999;18(2):51-6.
- McEvoy GK, Ed. American Hospital Formulary Service Drug Information 2006. American Society of Health-System Pharmacists.

## Tapering Carisoprodol (Soma®)

Due to potential dependence, upon discontinuation of high doses of carisoprodol, patients may suffer withdrawal symptoms such as body aches, increased perspiration, anxiety and insomnia. To assist prescribers who wish to discontinue carisoprodol (Soma®), carisoprodol with aspirin (Soma® Compound), and carisoprodol with aspirin and codeine (Soma® Compound with Codeine), the following tapering schedule is available.



Tapering schedule developed by the Department of Veterans Affairs Medical Center, Portland, Oregon, as published in the Oregon DUR Board Newsletter. Oregon DUR Board Newsletter. 2002; 4:1. 28 December 2005. Reproduced by permission from the Oregon State University College of Pharmacy Department of Drug Use Research and Management.

The atypical antipsychotic agents were included on DOM's PDL beginning January 1, 2007. Since PDL exception criteria differ for this class only, the Atypical Antipsychotic Prescribing Information Update below was developed. This document provides the preferred status of these products to assist Medicaid providers.



## Mississippi Division of Medicaid

● *Atypical antipsychotic agents were included on the PDL effective 1/1/07.*

● *Clozapine is not a "preferred" agent, but is exempt from prior authorization and/or override request.*

● *Patients who are stabilized on a non-preferred agent during hospitalization may continue on the established treatment.*

## Prescribing Information Update Atypical Antipsychotic Agents

The atypical antipsychotic agents are included on the Medicaid Preferred Drug List (PDL). The following chart lists each agent and its PDL status effective July 1, 2007.

Brand Name	Generic Name	Status	Maximum recommended daily dose
Geodon®	ziprasidone	Preferred	160 mg
Risperdal®	risperidone	Preferred	16 mg
Zyprexa®	olanzapine	Non-preferred	20 mg
Symbyax®	olanzapine/fluoxetine	Non-preferred	18 mg/75 mg
Abilify®	aripiprazole	Non-preferred	30 mg
Seroquel®	quetiapine	Non-preferred	800 mg
Invega®	paliperidone	Non-preferred	12 mg

### Criteria for Approval of Non-preferred Atypical Antipsychotics

*For approval of a non-preferred atypical antipsychotic, the Division of Medicaid requires satisfaction of one or more of the following criteria:*

1. Trial and failure of one preferred agent within the past 12 months, as reflected in paid pharmacy claims. A trial is defined as a paid claim for a 30-day supply.
2. Stable therapy defined as one claim for a 30-day supply of the requested agent within the past 90 days, as reflected in paid pharmacy claims.\*
3. Stable therapy established during in-patient stay. Override request must reflect the dates of in-patient admission.
4. Other documented condition, drug interaction, or contraindication that prevents the use of the preferred products. This criterion is subject to review by the HID clinical staff.

*\* Prescriptions for patients on stable therapy with a non-preferred agent will automatically process electronically and not require a paper prior authorization and/or override.*

#### *Dosage:*

All requests will be reviewed for therapeutic and dosing appropriateness based on FDA-approved labeling for the indicated diagnosis and evidence-based medicine. Requests for doses in excess of the recommended maximum daily dose, as noted in the chart above, will require additional medical justification.

#### *Emergency Supply:*

As detailed in section 31.09 of the Provider Policy Manual, a 72-hour emergency supply may be dispensed prior to override approval. The pharmacy will be reimbursed for this product even if the prescription is changed to an alternative medication or the override is denied. In such cases, a paper claim must be submitted to the Pharmacy Bureau.

#### *Length of Approval:*

As with other non-preferred agents, initial approval may be granted for up to 6 months. Subsequent approvals may be granted for up to 12 months.

# Helpful Information

## Preferred Drug List Information

The Mississippi Medicaid Preferred Drug List (PDL) is updated two times annually on January 1st and July 1st. The next update will become effective on July 1, 2007 and will reflect drug classes that have been recently reviewed by the DOM's Pharmacy and Therapeutics Committee.

The PDL can be viewed at the Medicaid website, [www.dom.state.ms.us](http://www.dom.state.ms.us). Click on the Pharmacy Services link in the menu on the left of the screen. The link to the PDL is on the right side of the screen.

## 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.dom.state.ms.us](http://www.dom.state.ms.us).

## Academic Detailing Program

As a contracted service to the Mississippi Division of Medicaid, HID employs Academic Detailers who visit prescribers and pharmacies around the state to provide current information about the Division of Medicaid Pharmacy Program. The Academic Detailers offer Medicaid providers current information and support concerning the PDL, the PA process, and other pertinent medication issues. If you would like to arrange a visit from one of the Academic Detailers, please call the appropriate number below and the Detailer for your area will be scheduled to visit you at the earliest opportunity.

Area of the State:	Academic Detailer	Contact Information:
Southeast	Deborah Sivira	601-606-5180
Central and Southwest	Jacqueline Boddy	601-454-5488
Northeast and Northwest	Trent Burns	662-816-8801

***Prior Authorization Helpful Information:***

The most common reasons for PA denial are:

1. No prescriber signature
2. No medical justification noted on form

Children under age 21 are eligible for more than two brands or more than five prescriptions per month. All PA requests for children should be submitted on a Children's Medical Necessity Override Request.

For adults over age 21, requests for non-preferred agents require submission of a PDL Exception Request Form. Approval is subject to satisfaction of DOM-approved criteria. These criteria include failure of preferred agent(s), stable therapy on the requested agent, or other contraindications to the preferred agent(s).

All PA and Override Request Forms are available at [www.hidmsmedicaid.com](http://www.hidmsmedicaid.com).

For questions regarding the PA submission and approval process, contact HID at 1-800-355-0486.



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Mailing Address Line 1  
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