

Mississippi Medicaid Pharmacy Program Quarterly News

Summer 2009

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Welcome to the Summer 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.

Over-The-Counter (OTC) Product List

A common misconception in the Mississippi medical field is that Mississippi Medicaid does not cover over-the-counter products. This is not the case, however. There is a listing of all those products found over the counter that Mississippi Medicaid covers, and it can be found on the Mississippi Division of Medicaid website. These medications require a written or verbal order prescription for Medicaid coverage, and the covered OTC products must be manufactured by those companies who participate in the Federal Drug Rebate Program. Prescriptions for these items are included in the monthly drug benefit limit allowed for beneficiaries. Some examples of OTC products currently covered by Mississippi Medicaid include:

- ⇒ Bacitracin ointment
- ⇒ Cetirizine
- ⇒ Loperamide
- ⇒ Permethrin lotion

For a complete listing of all OTC products covered by Mississippi Medicaid, please visit the Mississippi Medicaid website at www.medicaid.ms.gov.

Devices

Generally, for a product to be covered as an outpatient drug under the Medicaid Drug Rebate Program, it must be approved as a prescription drug by the FDA under Section 505 or 507 of the Federal Food, Drug and Cosmetic Act. Products that are approved as devices do not meet the definition of covered outpatient drugs as defined in Section 1927(k) of the Social Security Act; therefore, devices are not eligible for Medicaid coverage in the Pharmacy Program.

While most products are easily identifiable as devices, other products could commonly be misidentified as a drug. Some of the items commonly found in pharmacies that are presumed to be drugs but are eligible for payment only through a Durable Medical Equipment (DME) provider through medical claims include, but are not limited to:

blood glucose monitors/strips	MimyX [®] cream	Hylira [™] products	Atopiclair [™] cream
Bionect [®] products	asthma spacers	alcohol pads	sodium hyaluronate lotion
insulin needles/pens	Biafine [®] emulsion	NeoSalus [™] foam	PruMyx [™] cream

These products, as well as all devices with an American Society of Health-Systems (AFHS) code of 940000 or those that required 510(k) clearance with the FDA, are not covered through pharmacy services. If a claim is processed for a medical device, Edit 4114- DRUG NOT COVERED BY MEDICAID THROUGH PHARMACY POINT OF SALE, will post with a denial. Because these products are not covered through pharmacy services, medical claims for these products through a DME provider do not count against the monthly prescription benefit limits for beneficiaries.

For additional information concerning coverage of medical devices, contact the Bureau of Medical Services at 1-800-421-2408.

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.

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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, 2009, and will reflect drug classes that have recently been reviewed by DOM's Pharmacy and Therapeutics Committee. Some of these classes include, but are not limited to, anticonvulsants, lipotropics, bronchodilators, and proton pump inhibitors. It is important for providers to become familiar with any changes to the PDL in an effort to prevent confusion and delay of care for patients. The PDL can be viewed at the Medicaid website, www.medicaid.ms.gov. Click on the Pharmacy Services link on the top of the screen. The link to the PDL is on the right side of the screen.

Quantity Limit Update

In accordance with the Drug Utilization Review (DUR) Board's recommendations, anxiolytic medications, sedative/hypnotic medications, and short-acting oxycodone medication accumulation limits were implemented beginning on 5-15-09:

Anxiolytic (anti-anxiety) Agents - This limit is concerning the benzodiazepines drug class, specifically lorazepam, diazepam, alprazolam, clorazepate, and oxazepam. The limit allows up to a total of 62 cumulative units per month, meaning that a combination of agents in this class will be allowed up to a total of 62 units within the last 31 days.

Example: If a beneficiary received 31 alprazolam tablets on 5/1/09, and presents to the pharmacy with a prescription for 62 lorazepam tablets on 5/16/09, the lorazepam prescription will deny based on the new quantity limits. The beneficiary could receive 31 tablets of the lorazepam on 5/16/09 to reach the 62 units/31 days quantity limit, or they could wait until 6/2/09 and receive the full lorazepam prescription of 62 tablets.

Oxycodone short-acting oral tabs/caps - This limit is concerning short-acting oxycodone narcotic agents, such as Oxy IR, Percocet/Endocet, Roxicodone, Percodan or Tylox. The limit allows up to a total of 62 cumulative units of short-acting oxycodone-containing agents per month, meaning that a combination of agents containing short-acting oxycodone will be allowed up to the 62 unit limit.

Example: If a beneficiary received 15 oxycodone/acetaminophen 10/325 tablets on 5/10/09, and presents to the pharmacy with a prescription for 62 oxycodone/acetaminophen 5/500 capsules on 5/18/09, the second prescription will deny based on the new quantity limits. The beneficiary could receive 47 capsules of oxycodone/acetaminophen on 5/18/09 to reach the 62 units/31 days quantity limit, or they could wait until 6/11/09 and receive the full oxycodone/acetaminophen 5/500 prescription of 62 capsules.

Oxycodone Oral Liquid - This limit pertains to Roxicet Solution, and it allows up to 180mLs per month. This limit is separate and independent of the cumulative oxycodone short-acting oral tabs/caps limit.

Sedative/Hypnotics - This limit is concerning the sedative/hypnotics class, specifically zolpidem, flurazepam, Lunesta, zaleplon, temazepam, and Rozerem. This limit allows up to a total of 31 cumulative units per month, meaning that a combination of agents in this class will be allowed up to a total of 31 units within the last 31 days.

Example: If a beneficiary received 10 Rozerem tablets on 4/21/09, and presents to the pharmacy with a prescription for 31 zolpidem tablets on 5/16/09, the zolpidem prescription will deny based on the new quantity limits. The beneficiary could receive 21 tablets of the zolpidem on 5/16/09 to reach the 31 units/31 days quantity limit, or they could wait until 5/22/09 and receive the full zolpidem prescription of 31 tablets.

Beneficiaries who require in excess of the units listed above will need prior authorization. Prescribers may contact HID at 1-800-355-0486 for prior authorization assistance.

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.

Poison Ivy, Oak and Sumac

As temperatures rise, more and more people spend time outdoors gardening, playing, and exploring. Although this time of year brings enjoyment to many, there are those who dread it solely based on fear of exposure to poison ivy, oak, and sumac. According to the American Academy of Dermatology, approximately 85% of the population will develop an allergic reaction if exposed to one of these common plants. Most people develop a sensitivity to poison ivy, oak, or sumac after several encounters with the plants, but sensitivity can occur after only a single exposure.

Culprit: Urushiol

The cause of the characteristic rash, blisters and insatiable itch characteristic of exposure to poison ivy is urushiol, a chemical found in the sap of the plant. Contact with intact plants does not cause a reaction, since the urushiol is found inside the plants. However, considering the fragile nature of poison ivy, oak and sumac plants, finding an undamaged plant is rare. Stems or leaves broken by wind, animals, or chewing insects can release urushiol. One would think that avoiding direct contact with the plants would prevent a reaction, but this isn't always the case. Urushiol can stick to anything that it comes into contact with, including pets, clothes, gardening tools, and toys. If the urushiol isn't washed off of the object, contact with the contaminated object can lead to a reaction. In fact, urushiol on object surfaces can remain potent for years, even decades, depending on the environment the object is contained within.

Immediate Action Needed

Urushiol can penetrate the skin within minutes, so immediate action is necessary if one knows they have been exposed to poison ivy, oak or sumac. The earlier the skin is cleansed, the greater the chance that the urushiol can be removed before attaching to the skin.

STEPS TO PREVENT/REDUCE REACTIONS AFTER KNOWN EXPOSURE TO URUSHIOL

First: cleanse exposed skin with appropriate amounts of isopropyl (rubbing) alcohol.

Second: wash skin with water (temperature does NOT matter)

Third: take a regular shower with soap and warm water. DO NOT use soap before this step, because soap will tend to transport urushiol from one area of the skin to another.

Fourth: clothes, shoes, gear and anything else that may have come in contact with the urushiol should be wiped off with alcohol and water. Gloves should be worn during this process to prevent further skin exposure to urushiol.

If more than 10 minutes has elapsed since the exposure to the poison ivy/oak/sumac plant, cleansing may not prevent the initial outbreak of the rash but it can help prevent further spread.

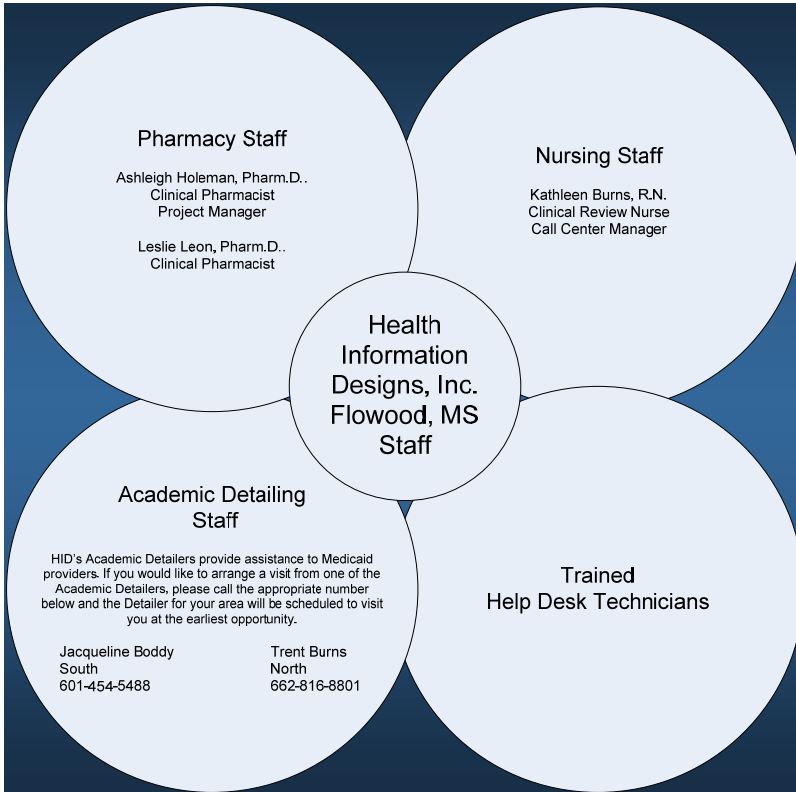
The Rash

If cleansing did not occur quickly enough, or if skin is so sensitive that cleansing didn't help, redness and swelling at the site of exposure will occur within 12 to 48 hours. Blisters and itching will follow. The blisters do not contain urushiol; therefore, fluid from these blisters is not contagious and will not cause further spread of the rash to other parts of the affected person's body. Scratching of the blisters should be discouraged however, since fingernails may contain germs that could lead to infection of the affected site. The rash, blisters and itching normally disappear within 14 to 20 days without any treatment. Most victims cannot handle the itch without some relief. Some treatment options include:

- ⇒ Wet compresses or soaking in cool water
- ⇒ Oral antihistamines
- ⇒ OTC and prescription topical corticosteroids
- ⇒ Oral corticosteroids (for severe reactions)

There are some OTC products that assist in drying up oozing blisters, including: baking soda, oatmeal bath (Aveeno®), calamine, aluminum hydroxide gel, and zinc oxide. However, with no FDA-approved options to avert reactions to urushiol, prevention appears to be the best treatment at this time.

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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