

Mississippi Medicaid Pharmacy Program Quarterly News

Summer 2010

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Welcome to the Summer 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.

Preferred Drug List Information

The Mississippi Medicaid Preferred Drug List (PDL) is updated two times annually: on January 1 and July 1. The next update will become effective on July 1, 2010, 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 on the Mississippi Medicaid website, www.medicaid.ms.gov. Click the **Pharmacy** link at the top of the page to go to the Pharmacy Services page. Then, click the **PDL** link on the right side of the screen.

Prescription Service Limits Additional Coverage for Children Under Age 21

Current Mississippi state law limits outpatient prescription drug coverage to five drugs monthly with no more than two drugs being brand name medications. Beneficiaries up to 21 years of age may receive more than the monthly limits with proof of medical necessity. When a pediatric beneficiary has exhausted their monthly prescription service limits, subsequent claims will be denied with the following message: “PA REQUIRED FOR AGE UNDER 21.” These edits, implemented in May 2009, indicate that the beneficiary may qualify for additional benefits with the submission of a Children’s Medical Necessity prior authorization request. For more information on this provision, see www.medicaid.ms.gov and click the **Pharmacy** link or call the HID Help Desk at 1-800-355-0486.

Prior Authorization Requests

Per Mississippi Division of Medicaid policy, all prior authorization requests must be initiated by a physician or prescriber with prescribing authority (e.g. nurse practitioners). Additionally, pharmaceutical sales representatives or other parties may not participate in the completion or submission of prior authorization requests. This policy includes the prohibition of prior authorization request forms pre-filled with prescriber and/or medication information by pharmaceutical sales representatives or other parties. Health Information Designs, the prior authorization vendor for DOM, will deny any prior authorization requests that are identified as being initiated or completed by a party other than the prescriber, in accordance with the aforementioned policy. Prescribers can find a complete listing of prior authorization forms at www.hidinc.com/msmedicaid. For those prescribers unable to access the internet from their offices, please contact the HID Help Desk at 1-800-355-0486 to request the appropriate prior authorization form.

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 four years and has successfully reviewed over 900,000 PA requests for DOM providers and beneficiaries.

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New Quantity Limits for ADHD Agents

Recently, the Drug Utilization Review board recommended that the Mississippi Division of Medicaid implement quantity limits on the ADHD agents, based on utilization data illustrating that this therapeutic class is often over-utilized. These quantity limits will be implemented on July 15, 2010 for both short- and long-acting agents; however, the limit will vary as follows depending on the type of ADHD medication:

- **Short-acting agents** – limited to 62 total units per 31 days
- **Long-acting agents** – limited to 31 or 62 total units per 31 days per the manufacturer's maximum recommended dose as reported in the prescribing information

It is important to note that maximum quantities for all quantity limits are calculated based on 31 rolling days and **not** calendar months. Claims for ADHD agents in excess of these limits will be rejected and require the submission of a Maximum Unit Override request. This request must include medical justification for the requested dose of medication. These new quantity limits, along with all other quantity limits employed by DOM, can be found at www.medicaid.ms.gov. Click **Pharmacy**, and then click the **Products with quantity limits** link at the right of the page. For prior authorization criteria and/or forms, please visit www.hidinc.com/msmedicaid.

Common Questions about MedGuides

Medication guides (MedGuides) are FDA-approved patient education handouts that are considered part of a drug's labeling. For certain drugs and or drug classes, pharmacists are required to give them to patients. Some common questions regarding MedGuides are included below.

Are MedGuides available in other languages?

There is no requirement to provide a MedGuide in a patient's native language. However, if a patient doesn't speak English and/or is unable to read the document, providers should consider using an alternate method to communicate important content.

Is the MedGuide content for a brand name drug and its generic the same? Can you use the MedGuide for a brand name when the generic is dispensed if a MedGuide for a generic is not readily available?

The content of a generic drug's MedGuide is the same as the brand name drug's MedGuide. However, the FDA discourages substituting one manufacturer's MedGuide for another because it may cause confusion for the patient.

What is the difference between a MedGuide and a Patient Package Insert?

MedGuides are required for those drugs that pose the most serious and significant public health concern. The FDA has determined that this information is necessary for the patient to enable them to use the drug safely and effectively. Drugs that are required to have patient package inserts (PPIs) dispensed with them (e.g. oral contraceptives) are not considered by the FDA to carry the same serious public health concerns as those drugs with MedGuides. PPIs are intended to fully inform the patient of the risks and benefits of a drug.

Must MedGuides be provided with samples when dispensed from a doctor's office? Do physicians who dispense drugs in a clinic have to give MedGuides if the drug requires one?

Yes, MedGuides must be dispensed with samples and with drugs dispensed to outpatients in a clinic setting.

Can a prescriber request that a patient NOT receive a MedGuide?

Yes, a physician can request that a patient not receive a MedGuide. However, if the patient asks for information, the MedGuide must be given to them, regardless of the physician's request.

Is the pharmacist allowed to edit the content of a MedGuide to shorten it or make it easier to understand?

No. MedGuides contain FDA-approved wording and their content should not be altered in any way.

Are MedGuides required with prescription refills?

Yes

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.

Attention Deficit/Hyperactivity Disorder



Mississippi Division of Medicaid

- *The core symptoms of ADHD include inattention, hyperactivity and impulsivity.*
- *According to the AAP, a child should meet the DSM-IV criteria in order to be diagnosed with ADHD.*
- *Prior authorization, including an appropriate diagnosis, is required for all ADHD agents for beneficiaries ≥ 21 years old.*
- *Beginning 7/1/10, Mississippi Medicaid will implement quantity limits for the ADHD therapeutic class.*

Prescribing Information Update

Attention Deficit/Hyperactivity Disorder (ADHD)

Attention deficit/hyperactivity disorder (ADHD) is one of the most common chronic health conditions that affects school-aged children. Children with ADHD tend to experience considerable functional problems such as school difficulties, academic underachievement, and troubled interpersonal relationships. The core symptoms of ADHD include inattention, hyperactivity, and impulsivity. Because symptoms of ADHD often continue into adolescence and adulthood, early recognition and treatment of the disorder are vital, as proper treatment can redirect the educational, psychological and social development of children with ADHD.

AAP Guidelines for the Diagnosis/Evaluation of Children with ADHD

The American Academy of Pediatrics published clinical guidelines for the diagnosis and evaluation of children with ADHD in May 2000. These guidelines are summarized below.

- A child that presents to a primary care provider with inattention, hyperactivity, impulsivity, academic underachievement, or behavior problems should be evaluated for ADHD.
- In order for a diagnosis of ADHD to be made, the child must meet DSM-IV criteria for such a diagnosis. This strategy is recommended in order to minimize inappropriate diagnoses of ADHD, by decreasing the variation in how a diagnosis is made.
- The assessment of a child suspected to have ADHD should include reports obtained directly from the parents/caregivers and classroom schoolteacher (or other school professional) regarding the core symptoms of ADHD in various settings, the age on onset, duration of symptoms, and the degree of functional impairment.
- Evaluation of the child for ADHD should also include assessment for other coexisting conditions, such as oppositional defiant disorder, anxiety disorder, and depression.
- Other diagnostic tests, such as blood lead levels, thyroid hormone levels, and brain imaging, are not routinely indicated for establishment of an ADHD diagnosis.
- Children who present with behavioral symptoms of ADHD but do not suffer from functional impairment *do not* meet diagnostic criteria for ADHD.
- Although ADHD rating scales can be helpful in the evaluation of a child for ADHD, their results may be inaccurate due to the subjective nature of the questions and must be interpreted in context of the overall evaluation of the child.

Mississippi Medicaid: Preferred ADHD Agents

The ADHD agents are addressed by the Mississippi Medicaid Preferred Drug List. The preferred products on the Mississippi Medicaid PDL are provided in the chart below.

<i>Short-acting stimulants</i>	Amphetamine salt combination, dexamethylphenidate IR, dextroamphetamine IR, Focalin [®] , Methylin [®] chewable tablets and solution, methylphenidate IR
<i>Long-acting stimulants</i>	Adderall XR [®] , Concerta [®] , Daytrana [®] , Focalin XR [®] , Metadate CD [®] , methylphenidate ER, Vyvanse [®]
<i>Non-stimulants</i>	Intuniv [®]

- Prior authorization with an appropriate diagnosis is required for all ADHD agents for beneficiaries ≥ 21 years old.
- Prior authorization is required for beneficiaries under the FDA-approved age for each ADHD agent.
- Beginning 7/1/10, quantity limits will be implemented for the ADHD agents. For a complete listing of these limits, please visit <http://www.medicaid.ms.gov/Documents/Pharmacy/ProductsQuantityLimits.pdf>.

References:

Clinical Practice Guidelines: Diagnosis and Evaluation of the Child with Attention Deficit/Hyperactivity Disorder. Pediatrics, Vol 105, No 5, May 2000.

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

Visit HID's Mississippi Division of Medicaid Prior Authorization website, www.hidinc.com/msmedicaid

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



P. O. Box 320506
Flowood, MS 39232-0506

PRST STD

U.S. Post-
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Mailing Address Line 1
Mailing Address Line 2
Mailing Address Line 3
Mailing Address Line 4
Mailing Address Line 5