

Mississippi Medicaid Pharmacy Program Quarterly News

Winter 2007

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Welcome to the Winter 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.

PDL Update

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 January 1, 2008 and will reflect drug classes that have been recently reviewed by the Medicaid Pharmacy and Therapeutics Committee. Drug Classes most recently reviewed include: anticonvulsants, atypical antipsychotics, and ophthalmic antibiotics, among others. The following is a summary of PDL changes:

Drug class	PDL Additions	PDL Removals
Acne agents		Klaron [®] , Benzymycin pak [®]
Ophthalmic antibiotics	AzaSite [®] , Zymar [®] , Ocuflax [®]	
Ocular Allergy Agents	Optivar [®] , Elestat [®] , Alocril [®] , Patanol [®] , Alamast [®]	
Antipsychotics	Abilify [®]	

Important Dates to Remember

1/2/2008: NPI Implementation

Starting January 2, 2008, DOM will require NPI numbers on prescription claims. The pharmacy is responsible for transmitting an accurate and current prescriber NPI. If the NPI cannot be determined by contacting the prescriber, the following steps are recommended:

- DOM has posted a list at www.dom.state.ms.us under Pharmacy Services.
- CMS also has a NPI Registry at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.
- If the prescriber does not have a NPI, or you are unable to find an NPI, contact the ACS call center at 1-800-884-3222.

4/1/2008: Tamper-resistant Prescription Pads

Implementation of this requirement was postponed by Congress until April 1, 2008. This first phase will require that prescriptions contain one or more features designed to prevent copying, alteration, or counterfeiting of the prescription form. By October 1, 2008, prescription forms must contain all three of these characteristics. More information is available at www.dom.state.ms.us under Pharmacy Services

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

RxPertTM 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. With 13 drug classes in place and more soon to be implemented, HID's RxPert has been in place for DOM for over two years and has successfully reviewed over 680,000 PA requests for DOM providers and beneficiaries.

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Long-acting Atypical Antipsychotic Injections

For many years, long-acting antipsychotic injections have been employed effectively in the treatment of patients with mental illness. These injections are well-suited for patients for whom medication compliance is a challenge. Conventional long-acting agents include: haloperidol (Haldol[®] Decanoate) and fluphenazine (Prolixin[®] Decanoate). While others are in development, the only long-acting atypical antipsychotic injection currently available is risperidone (Risperdal Consta[®]).

- *Risperdal Consta is labeled for use as a stand-alone antipsychotic.*
- *Per FDA-approved manufacturer guidelines, no concurrent oral antipsychotic treatment is necessary beyond the initial 3 week start-up period.*

Risperdal Consta[®] is administered as an intramuscular injection every two weeks. According to the FDA-approved prescribing information, tolerability to oral Risperdal[®] should be established prior to initiating therapy with Risperdal Consta[®]. The labeling also states that oral risperidone or another antipsychotic medication should be given with the first injection of Risperdal Consta[®], continued for three weeks, then discontinued to ensure that effective therapeutic plasma concentrations are reached and maintained prior to the main release phase of risperidone from the injection site.

During a recent review, the Mississippi Medicaid Drug Utilization Review Board found that over half of beneficiaries on Risperdal[®] Consta also received more than a month's treatment with an oral atypical antipsychotic during the time period reviewed. It is important for prescribers and pharmacists to avoid this unnecessary duplication of therapy.

Prescriptions for Risperdal[®] Consta require prior authorization using the Brand-name Antipsychotic Injections form, which can be found at www.hidmsmedicaid.com.

Treatment of Upper Respiratory Infections

Appropriate Antibiotic Use

Antimicrobial resistance among pathogens has become a common clinical problem, and the association of resistance with the use of antimicrobial drugs has been documented in both inpatient and outpatient settings. This emergence of bacterial strains that are increasingly resistant to antimicrobial agents is a growing concern, not only in Mississippi and in the United States, but worldwide. This seems to have been given credence by the spread of organisms such as MRSA, vancomycin-resistant enterococci and multidrug-resistant tuberculosis, all essentially untreatable with routinely available antibiotics.

In response to this growing problem, control of the spread of antimicrobial resistance has been identified as a priority by many organizations, including the Centers for Disease Control and Prevention, the American Society for Microbiology, the World Health Organization, the American Academy of Family Physicians, and the American Academy of Pediatrics.

Prescribers and pharmacists are key in curbing the risk that antimicrobial resistance poses and stressing the importance of prudent prescribing of antibiotics, particularly in upper respiratory infection cases.

With cooler winter temperatures we are certain to see a rise in the number of patients seeking treatment for upper respiratory tract symptoms. Influenza and pneumonia immunizations are covered through the Pharmacy program for beneficiaries ages 19 and above who are not in a long-term care facility. Immunizations provided by a credentialed pharmacist will count toward the service limits and co-payments are applicable. For children younger than 19, vaccinations are covered through the Vaccines for Children program. In light of concerns about unnecessary prescribing of antibiotics, the following information sheet provides suggestions on appropriate treatment of these patients. Several additional Medicaid Prescribing Updates are available at www.hidmsmedicaid.com.



Mississippi Division of Medicaid

- ◆ *The common cold is caused by viral pathogens and resolves without antibiotic treatment.*
- ◆ *Symptoms may persist for 10-14 days*
- ◆ *First-generation antihistamines and decongestants may provide relief for cough associated with the common cold*
- ◆ *Antibiotic treatment may be needed if symptoms persist for longer than 10-14 days without improvement or if they are accompanied by fever, facial pain or swelling*

Prescribing Information Update

Upper Respiratory Infections

Upper respiratory infections are believed to be one of the most common diagnoses that result in improper antibiotic prescribing, since the source for most URIs is the common cold. The common cold is caused by viral pathogens, such as rhinovirus, parainfluenza, adenovirus, RSV, and influenza. Bacterial rhinosinusitis complicates only ~2% of cases. Symptoms may persist for 10-14 days, and purulent nasal secretions do not predict bacterial involvement unless other signs and symptoms of bacterial infection accompany these secretions. These may include:

- ◆ Fever
- ◆ Facial tenderness or pain
- ◆ Periorbital swelling

Treatment

The common cold resolves without antibiotic treatment, and treatment with an antibiotic does not shorten the duration of illness or prevent secondary bacterial infections. Acute cough associated with the common cold may be relieved by first-generation antihistamines and decongestants.

If symptoms persist for longer than 10-14 days without improvement or the patient experiences one or more of the symptoms listed above, antibiotic treatment may be warranted. In these cases, antibiotic treatment should target likely organisms, such as *S. pneumoniae* and *H. influenzae*. First-line drugs should be amoxicillin or amoxicillin/clavulanate. Patients should see improvement within 2-3 days; treatment should be continued for 7 days after symptoms improve or resolve (usually a 10-14 day course). In recurrent or unresponsive cases imaging studies of the sinuses should be considered.

Patients and Parents of Patients

- ◆ Tell patients (or parents) that antibiotic use increases the risk of an antibiotic-resistant infection.
- ◆ Recommend specific symptomatic therapy for cough, pain, sneezing, etc.
- ◆ Spend time answering questions and offer a contingency plan if symptoms worsen
- ◆ Provide patient education materials on antibiotic resistance.

HEALTH INFORMATION DESIGNS



Health Information Designs, Inc. (HID) is the contractor for Division of Medicaid Pharmacy Services Drug Prior Authorization and Retroactive Drug Utilization Review.

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