

# Mississippi Medicaid Pharmacy Program Quarterly News

Winter 2008

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Welcome to the Winter 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.

## DESI Drugs and DOM

The term "DESI" is from the Drug Efficacy Study and Implementation (DESI) program which was established by the FDA to review the effectiveness of drugs approved between 1938 and 1962. A DESI drug is a drug that was approved solely on the basis of its safety prior to 1962. Since that time, Congress has amended the laws to require a drug to be deemed effective as well as safe.

Drugs marketed without the required FDA approval may not meet modern standards for safety, effectiveness, quality, and labeling. The DESI program was initiated by the FDA to evaluate the effectiveness of those drugs that had been approved in the past on the basis of safety grounds alone. If the review indicates a lack of substantial evidence of a drug's effectiveness for all of its labeled indications, then the drug becomes referred to as a *less-than-effective (LTE) drug* and the FDA proposes a withdrawal of approval of the drug for marketing. After administrative proceedings have been concluded, continued marketing is only permitted if an NDA (New Drug Application) is approved for that drug. Some unapproved marketed products are still undergoing DESI reviews and a final determination regarding efficacy has not yet been made. In virtually all these proceedings, FDA has made an initial determination that the products lack substantial evidence of effectiveness, and the manufacturer of that drug and/or of identical, related or similar (IRS) drugs have requested a hearing on that finding. The FDA's longstanding policy is that products subject to an ongoing DESI proceeding may remain on the market while the proceeding is pending. For information on LTE/IRS drugs, refer to CMS' website or go directly to [www.cms.hhs.gov/MedicaidDrugRebateProgram/12\\_LTEIRSDrugs.asp](http://www.cms.hhs.gov/MedicaidDrugRebateProgram/12_LTEIRSDrugs.asp).

CMS, or the Centers for Medicare and Medicaid Services, do not pay matching funds to states' Medicaid agencies for drugs which are not approved by the FDA, therefore the entire cost of the drug would be paid by the State. Mississippi Medicaid will not reimburse for those drugs deemed less than effective by the FDA as a result of the Drug Efficacy Study Implementation (DESI) program. Since January 1, 2008, this caveat also applies to drugs administered in physician's offices.

Examples of LTE drugs are Anusol HC®, Cortane B ® , Donnatal®, Estratab®, Granulex®, Librax®, Midrin®, Mepergan Fortis®, Naldecon®, Tigan® suppositories, Vioform HC ® , Xenaderm® as well as identical, related or similar (IRS) drugs to the branded agent listed. The Centers for Medicare and Medicaid services publishes an updated list of DESI/LTE/IRS drugs which can be viewed at <http://www.cms.hhs.gov/MedicaidDrugRebateProgram/downloads/desi.pdf>.

### 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.**

#### Inside this issue:

#### Page

<i>DESI Drugs and DOM</i>	1
<i>Pharmacy Benefits for Children</i>	2
<i>Xyzal</i>	2
<i>Preferred Drug List Information</i>	2
<i>Upper Respiratory Infections</i>	3
<i>Prior Authorization Program</i>	4

## Pharmacy Benefits for Children Under the Age of 21

MS state law limits the number of medications reimbursed by Medicaid to five drugs per month, of which no more than two of those can be for brand-name medications, for all non-institutionalized beneficiaries. Beneficiaries under the age of 21 may receive more pharmacy services monthly if deemed medically necessary. A common misconception in the retail pharmacy setting is that once a child receiving Medicaid benefits has met their 2/5 prescription limit for the month, he or she must wait until the next month to have any additional prescriptions filled using their Medicaid benefits. This is incorrect.

For beneficiaries under the age of 21, a Children's Medical Necessity Prior Authorization form may be submitted for review if the beneficiary has met their 2 and/or 5 prescription limit for that month. Prescribers must include a diagnosis and an anticipated duration of therapy for each medication. Be mindful that requests for non-preferred products are subject to DOM approval criteria already in place for non-preferred products. HID clinical staff members review prior authorization requests regarding medical necessity, and providers are notified of the decision. Approvals may be granted up to 12 months, depending on the nature of the medication(s) and/or condition(s) treated.

Another important note: In emergency situations, the Division of Medicaid will allow payment for a 72-hour supply of medications that are subject to prior authorization. Pharmacists may dispense a **one-time only** 72-hour supply without prior authorization to beneficiaries who are awaiting a decision regarding a prior authorization request. The Division of Medicaid will reimburse the pharmacy for this product even if the prior authorization is denied. If the prior authorization is approved for the medication, the emergency supply should be submitted as part of the original fill. The dispensing fee and copay may not be collected until the remainder of the prescription is filled. Claims for a 72-hour supply when the prior authorization is not approved should be billed by hard copy claim to the Division of Medicaid.

### Xyzal<sup>®</sup>

Xyzal<sup>®</sup> is a minimally sedating antihistamine that is listed on the Mississippi Medicaid Preferred Drug List (PDL). However, as denoted on the PDL, this preferred agent is subject to an online edit for approval as a preferred agent. Patients attempting treatment with Xyzal<sup>®</sup> must have tried and failed treatment with either OTC cetirizine or loratadine. This trial must be reflected in paid pharmacy claims in order for the online edit to approve the Xyzal<sup>®</sup> claim. Pharmacists who are presented prescriptions for OTC cetirizine or loratadine for Mississippi Medicaid beneficiaries are encouraged to process these prescriptions rather than referring the beneficiary to purchase the products themselves. This will ensure that the paid claim for OTC cetirizine or loratadine will be found in pharmacy claims in the event a prescriber attempts treatment with Xyzal<sup>®</sup> in that beneficiary in the future.

## 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, 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, opioid analgesics, ophthalmic antibiotics, atypical antipsychotics, antidepressants and Alzheimer's agents. 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](http://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.

### Did you know.....?

The most common reasons for PA Denial are:

- 1) No physician signature
- 2) No appropriate diagnosis
- 3) No listed trials of preferred products

Please take the time to be sure that prior authorization forms are filled out completely and correctly. This will save time for HID Clinical Review Staff and prevent unnecessary denials, meaning more timely dispensing of medication to the patient!

# Upper Respiratory Infections



## 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.

Go to [www.cdc.gov/getsmart](http://www.cdc.gov/getsmart) or contact your local health department for more information and patient education materials.

Mississippi Medicaid Prescribing Information Updates on additional topics are available at [www.hidmsmedicaid.com](http://www.hidmsmedicaid.com)

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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