

Division of Medicaid State of Mississippi Provider Policy Manual	New: X Revised: X Current:	Date: 02/01/04 Date: 03/01/08
Section: Pharmacy	Section: 31.07 Pages: 1 Cross Reference:	
Subject: Non-Covered Pharmacy Services		

DOM will not cover any drug which is covered by Medicare Part D for full benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

DOM provides coverage, to the same extent that it provides coverage for all Medicaid beneficiaries under Section 1927 (d) of the Social Security Act, for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses; with the exception of those covered by Part D plans as supplemental benefits through enhanced alternative coverage as provided in 42 CFR, Section 423.104(f)(1)(ii)(A) to full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit-Part D.

The following are **NOT** covered under the Pharmacy program:

Pharmacy Program Exclusions

1. Drugs when used for anorexia, weight loss, or weight gain.
2. Drugs when used to promote fertility.
3. Drugs when used for cosmetic purposes or hair growth.
4. ~~Non-prescription (over the counter) drugs except for those listed in Section 31.13.~~
Select non-prescription (over the counter) drugs. Over the counter items are listed in DOM's website at www.dom.state.ms.us or in Section 31.13 of the Pharmacy Manual. These items are covered only if they contain an appropriate National Drug Code on their label and are manufactured by a company that has signed a rebate agreement.
5. ~~Select drugs when used for the symptomatic relief of cough and colds, except as listed in section 31.13.~~
6. ~~Prescription vitamins and mineral products except prenatal vitamins (for OB patients only) and fluoride preparations (for beneficiaries under age 21), which are covered. Certain vitamins are approved for dialysis patients only.~~ Select prescription vitamins and mineral products except for prenatal vitamins for women up to age 45, fluorinated vitamins for beneficiaries up to age 21, and certain renal vitamins (for dialysis patients). Prescriber **must** write **FOR DIALYSIS** on the prescription.
7. Covered outpatient drugs for which the manufacturer requires (as condition of sale) that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee.
8. Those drugs designated less than effective by the FDA as a result of the Drug Efficacy Study Implementation (DESI) program. ~~To determine whether a drug is a DESI drug, call the fiscal agent.~~ For a listing of DESI drugs go to <http://www.cms.hhs.gov/>.
9. Drugs produced by manufacturers that **DO NOT** have signed rebate agreements with the federal government as required by OBRA'90.
10. Compounded prescriptions (mixtures of two or more ingredients) except for hyperalimentation.

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11. Ostomy, ileostomy, and urostomy bags are not covered through the pharmacy program, but are covered through the durable medical equipment program.
 12. Diabetic supplies except insulin, which is covered through the pharmacy program.
 13. Durable medical equipment and other medical supplies or devices.

DOM covers selected over-the-counter (OTC) drugs pursuant to a legal prescription in writing or verbal order. Only those OTC products manufactured by companies who participate in the Federal Drug Rebate Program are covered. Prescribing of these OTC drugs is strongly encouraged whenever appropriate.

Generic Name	Strength	Common Brand Name	Dosage Form
Acetaminophen	100mg/ml	Tylenol Drops	Drops
Acetaminophen	120,160, 167, 500 mg/5ml	Tylenol	Elixir, Liq., Sol
Acetaminophen	160mg/5ml	Tylenol	Liquid
Acetaminophen	80,120,325 and 650 mg	Feverall Suppository Various	Suppository
Acetaminophen	120 mg	Tylenol Suppository	Suppository
Acetaminophen	325,500mg	Feverall Suppository Tylenol	Suppository Tablet
Acetaminophen	650 mg	Tylenol Suppository	Suppository
Acetaminophen	325 mg	Tylenol	Tablet
Acetaminophen	500 mg	Tylenol	Tablet
Al & Mg Hydroxide		Mylanta	Tablets, Susp.
Al & Mg Hydroxide		Various	Suspension
Al & Mg Hydroxide/ Simethicone		Various	Tablets, Susp.
Al & Mg Hydroxide/ Simeth.		Various	Tablets
Ammonium Lactate	12%	Amlactin 12% Cream	Cream, Lotion
Ammonium Lactate	12%	Amlactin 12% Lotion	Lotion
Aspirin	81, 325 mg	Various	Buff/Chew/E.C.
Aspirin	325 mg	Various	Buff/Chew/E.C.
Bacitracin	500 U/Gm	Various	Topical Ointment
Bactracin/ Polymyxin		Polysporin Ointment	Ointment
Benzoyl Peroxide Gel	5%, 10%	Benzac AC 5%, 10% Gel	Gel
Benzoyl Peroxide Gel	10%	Benzac AC 10% Gel	Gel
Brompheniramine/ Pseudoephedrine		Q-Tapp	Liquid, Tablet
Brompheniramine/ Pseudoephedrine		Various	Tablets
Brompheniramine/Pseudoephedrine DM		Q-Tapp DM	Liquid
Bulk Laxatives*		Metamucil	Capsule, Powder, Tablet
Calcium Carbonate (Dialysis Pts. Only)** Denote on prescription for dialysis pt.	500 mg		Tablet
Calcium Carbonate (Dialysis Pts. Only)** Denote on prescription for dialysis pt.			Powder
Chlorpheniramine	2mg/5ml	Chlor-Trimeton	Syrup
Chlorpheniramine	4,8,12mg	Chlor-Trimeton	Tablet
Chlorpheniramine	8 mg	Chlor-Trimeton	Tablet
Chlorpheniramine	12 mg	Chlor-Trimeton	Tablet
Clemastine	1.34 mg	Tavist	Tablet

Clotrimazole Topical	1 %	Lotrimin AF 1 %	Cream, Solution
Clotrimazole Topical	1%	Lotrimin	Solution
Clotrimazole Vaginal	1%,2%	Mycelex 7	Cream
Clotrimazole Vaginal	2%	Various	Cream
Dexbrompheniramine/Pseudoephedrine	6/120mg	Drixoral	Tablet
Dextromethorphan Polystyrex	30 mg/5ml	Delsym	Suspension
Dextromethorphan/Pseudoephedrine		Various Pediacare	Drops, Syrup
Generic Name	Strength	Common Brand Name	Dosage Form
Dextromethorphan/Pseudoephedrine		Various	Syrup
Diaper Rash Ointment*		Desitin	Ointment
Diphenhydramine	12.5/5 ml	Benadryl	Elixir, Liq., Sol
Diphenhydramine	25, 50 mg	Benadryl	Capsule
Diphenhydramine	50 mg	Benadryl	Capsule
Diphenhydramine	12.5/5ml	Benadryl	Elixir, Liq., Sol
Docusate*	All Strengths	Colace	Liquid, Syrup
Docusate*	50, 100, 240, 250 mg	Colace	Capsule, Tablet
Ferrous Sulfate	75 ml/0.6ml	Fer-Gen-Sol/Fer-In-Sol	Drops
Ferrous Sulfate	220 mg/5 ml 300mg/ 5ml	Various	Elixir, Liquid
Ferrous Sulfate	300 mg/5ml	Various	Liquid
Ferrous Sulfate	325 mg	Iron	Tablet
Ferrous Sulfate Slow Release Tab	160 mg	Slow Fe	Tablet
Guaifenesin Plain	100mg/5 ml	Robitussin Plain	Liquid
Guaifenesin AC	100/10mg/5ml	Robitussin AC	Liquid
Guaifenesin DAC	100/10/30mg/5ml	Robitussin DAC	Liquid
Guaifenesin DM	100/10mg/5ml	Robitussin DM	Liquid
Hydrocortisone Cream	0.5%, 1%	Cortaid	Cream
Hydrocortisone Cream	1%	Cortaid	Cream
Ibuprofen	100mg/5ml	Motrin	Suspension
Insulin (ALL OTC)			
Loperamide	1mg/5ml	Imodium	Liquid
Loperamide	2mg	Imodium	Tablet
Loratadine	5mg/5ml	Claritin Syrup	Syrup
Loratadine ODT	5mg	Claritin Reditabs	ODT
Loratadine	10 mg	Claritin	Tablet
Loratadine D-12 hr	120/5mg	Claritin D-12	Tablet
Loratadine D-24 hr	240/10mg	Claritin D-24	Tablet
Magnesium Chloride SR	64 mg	Slow-Mag 64	Tablet
Magnesium Gluconate	500 mg	Various Magtrate	Tablet
Miconazole Topical	2%	Various	Cream
Miconazole Vaginal	2%	Monistat	Cream
Multivitamin and Mineral Supplement*		Various	Chewable Tablet, Pediatric Drops
Nicotine Cessation Products		Nicorette, Commit Lozenges	Gum, Lozenges, Patches, etc.
Naphazoline/Pheniramine Ophthalmic		Naphcon-A	Drops
Niacin	50mg	Various	Tabs/Caps
Niacin	100mg	Various	Tabs/Caps
Niacin	125mg	Various	Tabs/Caps
Niacin	250mg	Various	Tabs/Caps
Niacin	400mg	Various	Tabs/Caps

Niacin	500mg	Various	Tablets/Caps
Nicotine Cessation Products		Nicorette, Commit Lozenges	Gum, Lozenges, patch
Ocular Lubricant Ointment		Refresh PM	Ointment
Oral Electrolyte Replacement Mixtures		Oralyte, Pedialyte	Freezer Pops & Solution
Permethrin Cream Rinse	1%	Nix Cream Rinse	Rinse
Piperonyl/Pyrethrins Topical		Lice Treatment Shampoo	Topical
Phenazopyridine	95mg	Azo Standard	Tablet
Prenatal Vitamins (Pregnant Pts. Only) Denote on prescription for pregnant pt. **		Various	Tablets
Pseudoephedrine	15mg/5ml	Doreel Children's Decongestant Children's Sudafed	Drops
Pseudoephedrine	30mg/5ml	Novafed Pseudoquest	Syrup
Pseudoephedrine	30, 60 mg	Sudafed	Tablet
Pseudoephedrine	60mg	Sudafed	Tablet
Pyrantel Pamoate Suspension	144mg/ml	Pin X	Suspension
Generic Name	Strength	Common Brand name	Dosage Form
Renal Vitamins (Dialysis Pts. Only)** Denote on prescription for dialysis pt.		Various Allbee Plus Vitamin C	Tablet
Tears Ophthalmic Drops		Various Refresh	Ophthalmic Drops
Tolnaftate Cream	1%	Tinactin	Cream, Powder
Tolnaftate Powder	1%	Tinactin	Powder
Triple Antibiotic Ointment		Neosporin	Ointment
Triprolidine/Pseudoephedrine		Actifed Syrup	Syrup
Triprolidine/Pseudoephedrine		Actifed Tablet	Tablet

*For dialysis patients only, document "FOR DIALYSIS PT." on the front of the prescription.

**For pregnant patients only, document "FOR PREGNANT PT." on the front of the prescription.

* Limited to beneficiaries up to the age of 21 only.

** Limited to dialysis beneficiaries only, document "FOR DIALYSIS PT." on the front of the prescription.

Drugs which are available over-the-counter (OTC) shall not be billed to DOM with the NDC for the legend product. NDCs of the legend product that remain covered will be subject to PA and POS requirements.

Charges to Medicaid shall be no more than what is charged to the general public for retail sale. DOM reimbursement to providers may be based on the unit price represented by the largest package size if significant cost savings would be realized.

Division of Medicaid	New:	Date:
State of Mississippi	Revised: X	Date: 12/01/06
Provider Policy Manual	Current:	03/01/08
Section: Pharmacy	Section: 31.15	
Subject: Tobacco Cessation	Pages: 2	
	Cross Reference:	

Tobacco Cessation Medications

The following types of tobacco cessation medications will be covered in the Mississippi Medicaid program:

- Over-the-counter nicotine products
- Legend or prescription nicotine replacement products
- Bupropion Hydrochloride
- Varenicline Tartrate

A physician's prescription will be required for all legend and over-the-counter tobacco cessation medications. Each prescription will count toward the monthly limit.

DOM authorizes benefits for tobacco cessation medications for the purpose of supporting beneficiaries who are trying to quit tobacco use with the temporary assistance of nicotine replacement therapy. It is expected that utilization of these products will be in accordance with medical standards of practice, FDA guidelines, and manufacturers' recommendations which generally limit product use to approximately 12 weeks. DOM will monitor the beneficiary's utilization of tobacco cessation products for over utilization or misuse, and in instances where there are patterns suggesting over utilization or misuse, the prescribing physician(s) will be contacted for justification of medical necessity.

Tobacco Cessation Counseling

To maximize the effectiveness of tobacco cessation medications, ~~the Mississippi Tobacco Quitline offers free telephone counseling through a statewide toll-free telephone number (1-877-4US2ACT).~~ several telephone and on-line help centers are available for beneficiary use in conjunction with cessation medication.

Resource	Program Description	Contact Information
<u>MS Tobacco Quitline</u>	<u>A telephone counseling, information, and tip line that is available for anyone interested in kicking the habit.</u> <u>Tobacco Quitline Hours</u> <u>8:00 am - 8:00 pm M-F.</u>	<u>1-800-784-8669</u> <u>(1-800-QUIT-NOW)</u>
<u>American Cancer Society's Quitline</u>	<u>Tobacco cessation program that links callers with trained counselors. Smokers can get help finding a Quitline phone counseling program in their area.</u>	<u>1-800-ACS-2345</u>
<u>National Cancer Institute</u>	<u>Smoking cessation counselors are available to answer smoking related questions.</u>	<u>1-877-44U-QUIT</u> <u>(1-877-448-7848)</u> <u>LiveHelp</u> <u>www.smokefree.gov/expert</u> <u>Monday-Friday</u> <u>9:00AM-11:00 PM EST</u>

Resource	Program Description	Contact Information
<u>American Lung Association: Freedom From Smoking Online</u>	<u>Free web-based online smoking cessation program.</u>	<u>www.lungUSA.org</u>
<u>Nicotine Anonymous</u>	<u>Non-Profit 12 Step Fellowship of volunteers helping each other live nicotine-free lives. Nicotine Anonymous welcomes all those seeking freedom from nicotine addiction, including those using cessation programs and nicotine withdrawal aids. The primary purpose of Nicotine Anonymous is to help all those who would like to cease using tobacco and nicotine products in any form.</u>	<u>www.nicotine-anonymous.org</u>

Division of Medicaid	New:	Date:
State of Mississippi	Revised: X	Date: 07/01/06
Provider Policy Manual	Current:	03/01/08
Section: Pharmacy	Section: 31.16	
	Pages: 2-1	
Subject: Medicare-Covered Drugs	Cross Reference: Durable Medical Equipment 10.0	

When Medicaid beneficiaries have both Medicare and Medicaid coverage, pharmacy providers are required to bill Medicare first for those drugs covered by that program. Those drugs that DOM recognizes as routinely covered by Medicare will deny if submitted first to Medicaid.

Residents of long-term facilities are exempt from this requirement.

Due to restrictions imposed by Medicare on some drugs, the provider may request an override exception to bill Medicaid when these drugs are not covered by Medicare (e.g. drugs with diagnosis restrictions). For information on obtaining an override exception refer to Denials by Medicare in this manual section.

Coverage information for those drugs covered by Medicare can be obtained from the Medicare policy manual.

Medicare Part B Drugs

Refer to Section 10.02, Reimbursement, of the Provider Policy Manual regarding billing of Medicare Part B drugs and associated crossover payments for dually eligible Medicare and Medicaid beneficiaries.

Medicare Part D Drugs

When Medicaid beneficiaries have both Medicare and Medicaid coverage, pharmacy providers are required to bill Medicare for drugs covered by that program. Mississippi Medicaid considers the Medicare payment as payment in full for Part D pharmacy claims.

Billing Information

Claims submitted through the pharmacy point-of-sale (POS) system for the drugs listed above Medicare covered drugs will be denied for dually eligible beneficiaries. A standard NCPDP error message will post advising the pharmacist that the beneficiary is Medicare eligible.

Once the Medicare claim has been approved and processed, Medicare will automatically submit the balance of the claim as a "crossover" to Medicaid's fiscal agent electronically.

For dually eligible beneficiaries, if Medicare and Medicaid cover the service, Medicaid will pay the full coinsurance and deductible amounts due, based upon the Medicare allowed amount.

For qualified Medicare Beneficiaries (QMB-Medicare Only), if the service is not covered or is denied by Medicare, Medicaid does not reimburse.

Denials from Medicare

Pharmacies may receive denials from Medicare and will need to bill Medicaid for prescriptions. Only denials for non-covered drugs or lack of eligibility will be acceptable reasons for Medicaid consideration. Denials for incomplete information or improper completion of claim forms should be resubmitted to Medicare with additions and/or corrections.

Claims that do not crossover to Medicaid electronically should be submitted with a Medicare Part B Crossover Form to the fiscal agent. For instructions on completing the crossover form refer to the DOM website at www.dom.state.ms.us/Provider/Publications/Provider Forms.

If Medicare denies a drug, the drug may be billed to Medicaid on the Mississippi Pharmacy Claim Form and the Explanation of Medicare Benefits (EOMB) from Medicare must be attached. These claims should be sent to the following address and not to the fiscal agent:

Division of Medicaid
Attn: Pharmacy Bureau
239 N. Lamar Street, Suite 801
Jackson, MS 39201-1399

After the initial paper claim submission, the beneficiary's information will be profiled so that future claims for the same beneficiary and the same drug can be billed electronically through the pharmacy POS system. The usual POS edits and co-payment requirements will apply.

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Date: Date: 11/01/06 03/01/08
Section: General Medical Policy	Section: 53.13	
Subject: Tobacco Cessation	Pages: -1 2	
	Cross Reference:	

Tobacco Cessation Medications

The following types of tobacco cessation medications will be covered as authorized by the Executive Director and listed in the Pharmacy Formulary in the Mississippi Medicaid program:

- Over-the-counter nicotine products
- Legend or prescription nicotine replacement products
- Bupropion Hydrochloride
- Varenicline Tartrate

A physician's prescription will be required for all ~~prescription and non-prescription~~ legend and over-the-counter tobacco cessation medications. Each prescription will count toward the ~~five (5) prescription per month limit~~ monthly limit.

The ~~Division of Medicaid~~ DOM authorizes benefits for tobacco cessation medications for the purpose of supporting beneficiaries who are trying to quit tobacco use with the temporary assistance of nicotine replacement therapy. It is expected that utilization of these products will be in accordance with medical standards of practice, FDA guidelines, and manufacturers' recommendations which generally limit product use to approximately 12 weeks. DOM will monitor the beneficiary's utilization of tobacco cessation products for over utilization or misuse, and in instances where there are patterns suggesting over utilization or misuse, the prescribing physician(s) will be contacted for justification of medical necessity.

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