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.

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. Select non-prescription (over the counter) drugs. Over the counter items are listed in DOM's website at ~~www.dom.state.ms.us~~ www.medicaid.ms.gov 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.

6. 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. 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.

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.

As required by federal regulation, effective January 1, 2008, pharmacies must use the National Provider Identification (NPI) to identify the prescriber on prescription claims. The DOM encourages the use of the following processes to satisfy this requirement when submitting claims information.

1. If the prescriber is a member of the clinic from which the prescription was issued, but the individual physician/nurse practitioner does not have his or her own NPI, the provider may use the clinic's NPI if one is available.

2. If the prescription is issued at a hospital or ER for outpatient dispensing and that location has an NPI, the provider may utilize the facility's NPI or the prescriber's individual NPI.

The pharmacy is responsible for maintaining accurate and current prescriber identification information and access must be made available to all pharmacy employees. Accurate prescriber identification of the prescription issuer **is** required; non-compliance may result in termination of POS privileges and/or recovery of false claims.

A current Prescribing Provider's List is available by accessing the DOM website at ~~www.dom.state.ms.us~~ www.medicaid.ms.gov and clicking on "Pharmacy Services" in the left window or by contacting the fiscal agent.

The Division of Medicaid does not require prescribers to be Mississippi Medicaid providers in order to write a prescription for a Mississippi Medicaid beneficiary.

The Preferred Drug List (PDL) is a list of drugs, which have been reviewed and proposed by the Pharmacy and Therapeutics (P&T) Committee, a group of physicians, pharmacists, nurse practitioners, and/or other health care professionals. Final approval is the responsibility of the Executive Director of the Division of Medicaid. The Division of Medicaid (DOM) recommends that prescribers use the drugs on the PDL list.

The preferred drug list contains a wide range of generic and preferred brand name products that have been approved by the FDA. A medication becomes a preferred drug based first on safety and efficacy, then on cost-effectiveness. Drugs on the PDL are as effective as non-preferred drugs, but offer economic benefits for beneficiaries and the State of Mississippi.

The Mississippi Medicaid Preferred Drug List is subject to change. Refer to the Pharmacy Services page on the DOM website at ~~www.dom.state.ms.us~~ www.medicaid.ms.gov for a current listing of prescription drugs on the PDL.

The Division of Medicaid shall not reimburse for brand name drugs if there are equally effective generic equivalents available, and the generic equivalents are the least expensive.

Preferred Drug List Exceptions

The DOM has authorized the Pharmacy Benefits Manager to approve drugs outside the PDL when one of the following prior authorization criteria is satisfied:

1) Beneficiary must have used the preferred agents for at least a 30 day course of treatment per drug and failed trials within six months prior to requesting the PA and there is documentation of therapeutic failure of preferred drugs, or

2) Adverse event(s) reaction(s) to preferred agents, or

3) Contraindications to preferred agent(s), i.e. drug interaction, existing medical condition preventing the use of preferred agent(s).

Drugs must be prescribed and dispensed in accordance with medically excepted indications for uses and dosages. No payment may be made under the Medicaid program for services, procedures, supplies or drugs which are still in clinical trials and/or investigative or experimental in nature.

Exceptions to the criteria may be considered if there is sufficient documentation of stable therapy as reflected in 90 days of paid Medicaid claims.

PDL exception request will be reviewed and a determination notice provided within 24 hours from receipt of request by telephone or other telecommunications device. In emergency situations, the Division will allow payment for a 72-hour supply of drugs that are to be authorized.

Refer to the Pharmacy Services page on the DOM website @ ~~www.dom.state.ms.us~~ www.medicaid.ms.gov for a Preferred Drug List Exception Request Form.