

Medicaid Pharmacy Administrators State Report

STATE:

MISSISSIPPI

Time Period: *(specify CY 2012, SFY 2012, or SFY 2013)*

SFY 2012

State Medicaid Program Overview

Total # of Medicaid Eligibles <i>(unduplicated)</i>	640,957
Total Medicaid Program Expenditures <i>(annual)</i>	\$4,964,595,902
Medicaid MCO's? <i>If yes, how many MCO's?</i>	2 (49,198 ENROLLED AS OF 6-30-2012)
Pharmacy Carve-Out from Managed Care?	NO
# of FFS Unduplicated Recipients of Rx Services	442,440
Drug Program FFS Expenditures <i>(annual)</i>	\$304,127,460.79
Total # of Rx Paid Claims <i>(annual)</i>	4,392,108
CMS Drug Rebates Collected (including physician-administered drugs, MCO's, ACA expansion) <i>(annual)</i>	\$129 M
Supplemental Rebates Collected <i>(annual)</i>	\$13.4M
Generic Dispense Rate %	80.1%
Contractor name and the start date/contract period for the following: 1) MMIS	Xerox, formerly ACS, took over our system 01/2001; current MMIS implemented 10-2003. Current contract has a 06/2014 end date. Anticipate extension pending implementation of replacement MMIS
2) Pharmacy Clams Processor/POS	Xerox (formerly ACS)
3) MAC Program	n/a
4) Rebates	OBRA-Xerox
5) PDL / Supplemental Rebates	GHS; started 1-12; joined SSDC 2012
6) Prior Authorization	Manual in house; electronic Xerox
7) Rx claims auditing/Program Integrity	Done in house; not applicable

Prescription Reimbursement

Prescription Co-Payment(s)	\$3
Source of Drug File Pricing <i>(FDB, MediSpan)</i>	Medispan via FDB via Xerox or FA
Reimb. Formula (ingred. cost + disp fee) and reimb. formula's effective date for the following: 1) Brands	Lower of AWP-12%, WAC + 9%, or U/C, + \$3.91 DF
2) Generics	Lower of AWP-25%, FUL or U/C + \$4.91 DF
3) MAC drugs	Not applicable
4) Compounds	No compounding program per se; allow for kids when product is not available commercially; use generic dispensing fee of \$4.91
5) Other Reimbursement Formulas <i>(e.g., specialty, 340B, mail order, large volume pharmacy)</i>	Not applicable

Descriptions of Programs/Benefit Designs Within Medicaid Pharmacy Program *(If State has programs that are listed or additional programs, respond "yes" and include brief descriptions. If more space is needed, overflow automatically continues down & over to next page)*

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Monthly Rx Limits

Adult beneficiaries can receive up to **5** prescriptions per month of which no more than **2** may be *non-preferred* brand name for all non-institutionalized beneficiaries. No drugs are excluded from this limit. The only exception to this benefit limit is the number of drugs for beneficiaries under the age of 21 when it is deemed medically necessary. Prescribers are required to submit documentation of medical necessity before approval may be granted.

Days' Supply
(e.g., for routine meds, maintenance meds, other)

31

OTC

OTC list can be found at <http://www.medicaid.ms.gov/Pharmacy.aspx>. Also, on the same page, refer to Medicaid Cough and Cold Quick List of covered cough and cold agents.

Supplies/DME
(Coverage through pharmacy program? POS? Rebates?)

Not applicable.

Prior Authorization

SMARTPA electronic PA program; added EPSDT PA authorization for kids under age of 21 and qualifying diagnoses. Accept manual and web-based PA requests. Increased age, dose edits, and revised PA criterion across the board.

PDL

Total of 80 classes on PDL. No therapeutic drug class exclusions per state law. PDL undergoes annual review in fall with implementation on January 1st. There are minor quarterly updates during the remainder of the year. Document may be found at <http://www.medicaid.ms.gov/Pharmacy.aspx>. DOM joined SSDC multistate pool in 2012.

P&T Committee

DOM's Pharmacy and Therapeutics (P&T) Committee is comprised of twelve physicians, nurse practitioners, and pharmacists who are active MS Medicaid providers and in good standing with their representative organizations. The P&T Committee is an advisory panel who conducts in-depth clinical evaluations and recommends appropriate drugs for preferred status on DOM's Preferred Drug List (PDL) and/or drugs for prior authorization. Members serve 3 year terms, are gubernatorial appointments, and may be reappointed. DOM reimburses for mileage and not honorariums.

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The P & T Committee was authorized by the MS Legislature and meetings are 'public meetings'. Public comment is limited to representatives from the pharmaceutical industry and/or their designee, and recognized advocacy groups' representatives. Speakers shall limit their presentation to three minutes per drug/per class/per manufacturer. Content is limited to drugs relevant to the drug classes on the agenda to be discussed during the meeting.

Public Meetings must conform to the MS Public Meetings Act, that is, the public may attend, minutes are taken and must be available to the general public within 30 days (placed on webpage). Voting results must be made available to the general public (included in the minutes). Agendas, including location of meeting and time and classes for review are posted on the web 30 days prior to meetings. A yearly review schedule is posted on the agency's website. Policy for public comment may be found at <http://www.medicaid.ms.gov/PT.aspx>

The Mississippi Division of Medicaid's Drug Utilization Review (DUR) Board is a quality assurance body which seeks to assure appropriate drug therapy to include optimal beneficiary outcomes and appropriate education for physicians, pharmacists, and the beneficiary. The Drug Utilization Review (DUR) Board is composed of twelve participating physicians and pharmacists who are active MS Medicaid providers and in good standing with their representative organizations. The Drug Utilization Review (DUR) Board meets quarterly.

The Board reviews (1) utilization of drug therapy and evaluates the long-term success of the treatments; (2) evaluates practitioner prescribing patterns based on national/regional guidelines; (3) provides oversight regarding medication use; (4) develops educational interventions designed to promote medication proper use by beneficiaries and providers; (5) reviews policy issue and provides suggestions for pharmacy program including but not limited to prospective DUR criteria, PA guidelines and OTC coverage.

Previously with Shared Health. Contract was

DUR Board

e-Prescribing

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Academic Detailing

Specialty Drugs

Mail Order

340B

Lock-In

Other

assigned to Orion Health, Inc. on March 8, 2013. The contract with Orion Health, who is providing e-Prescribing from Emdeon, runs through June 30, 2015.

No; program stopped 12-31-2010.

No official program at this time

No

In process

yes