MISSISSIPPI DIVISION OF
MEDICAID

Administrative Code

Title 23: Medicaid
Part 214
Pharmacy Services

Title 23: Division of Medicaid

Part 214: Pharmacy Services

Part 214 Chapter 1: General Pharmacy

Rule 1.3: Drugs Subject to Exclusion or Otherwise Restricted

A. Medicaid does not cover pharmacy benefits for full benefit, dual eligible individuals who are entitled to receive Medicare benefits under Part A, B, or C, except for drugs in the Medicare excluded categories.

B. Excluded or otherwise restricted drugs include, but are not limited to:

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. Over-the-counter (OTC) items listed on Medicaid's OTC formulary. OTC items are covered only if they are assigned an appropriate National Drug Code (NDC) on their label and are manufactured by a company that has signed a rebate agreement.

5. Drugs when used for the symptomatic relief of cough and colds,

6. Prescription vitamins and mineral products except for:

   a) Prenatal vitamins,

   b) Folic acid, and

   c) Cyanocobalamin (vitamin B_{12}) injections.

7. Covered outpatient drugs 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 Federal Drug Administration (FDA) as a result of the Drug Efficacy Study Implementation (DESI) program unless provided through expanded EPSDT services in Part 223, Chapter 1, Rule 1.7.

9. Benzodiazepines,

10. Barbiturates,

11. Drugs used to treat erectile dysfunction,

12. Drugs that are investigational or approved drugs used for investigational purposes,

13. Drugs used for off-label indications which are not found in official compendia or generally accepted in peer reviewed literature,

14. Drugs dispensed after the expiration date,

15. Drugs classified as herbal and/or homeopathic products,

16. Cost of shipping or delivering drugs,

17. Drugs produced by manufacturers that do not have signed rebate agreements with the federal government as required by OBRA'90 unless provided through expanded EPSDT services in Part 223, Chapter 1, Rule 7.1, and

18. Compounded prescriptions except for hyperalimentation. Medicaid defines compounded prescriptions as mixtures of two or more ingredients.

Source: Miss. Code Ann. § 43-13-121; 42 CFR 423.772; 42 CFR 423.906(c); 42 CFR 423.100; 42 U.S.C. 1396r-8(d); 42 USC 1396r-8(a)(7)(c); Social Security Act, Section 1935(d)(1)(2); 1927(d)(2);

History: Revised 01/01/2013

Rule 1.6: Prescription Requirements

A. Pharmacists in the legal employ of the pharmacy provider or under the personal direction of a pharmacist employed by the pharmacy provider must submit claims for services rendered. Prescriptions must be dispensed at the provider's actual physical location of the pharmacy.

B. For purposes of this rule, Medicaid defines a prescribing provider as one who is duly licensed and is acting within the scope of practice of his/her profession according to State law.

C. All non-electronic prescriptions must be written on tamper-resistant pads/paper in order to be eligible for reimbursement by Medicaid.

    1. The tamper-resistant prescription pads/paper requirement applies to all Medicaid prescribing providers including physicians, dentists, optometrists, nurse practitioners and other providers who prescribe outpatient drugs including over-the-counter drugs.

    2. Exemptions to this mandate include:

        a) Prescriptions presented by other modes of transmission including facsimile, electronic or e-prescribed, and telephone,

b) Written orders prepared in an institutional setting, including intermediate care facilities and nursing facilities, provided that the beneficiary never has the opportunity to handle the written order and the order is given by licensed staff directly to the dispensing pharmacy, or

c) Transfer of a prescription between two (2) pharmacies, provided that the receiving pharmacy is able to confirm by facsimile or telephone call the authenticity of the tamper-resistant prescription with the original pharmacy.

D. The pharmacy provider must ensure the integrity of telephone, electronic and/or faxed prescriptions.

E. All Medicaid beneficiaries are limited to five (5) prescriptions per month, including refills, with no more than two (2) brand name (single source or innovator multiple source drug is less expensive than the generic equivalent) drugs per month for each non-institutionalized Medicaid beneficiary. The Medicaid agency provides coverage to all Medicaid beneficiaries including full benefit dual eligible beneficiaries. See Rule 1.9 for medically necessary services for EPSDT-eligible beneficiaries.

F. Medicaid requires that all drugs be prescribed in a full month's supply which may not exceed a thirty one (31) day supply. The following exceptions are allowed:

1. Drugs in therapeutic classes commonly prescribed for less than a month's supply including, but not limited to, antibiotics and analgesics,

2. Drugs that, in the prescribing provider's professional judgment, are not clinically appropriate for the beneficiary to be dispensed in a month's supply,

3. Drug products where the only available package size of the product is one that exceeds the thirty one (31) day supply limit,

4. Certain drugs issued by the Mississippi Department of Health (MSDH) and approved by Medicaid, including, but not limited to:

a) Contraceptives which may be dispensed in a one (1) year supply.

b) Tuberculosis (TB) medications which may be dispensed in a three (3) month supply.

5. Six (6) vials, sixty (60) ml each, of insulin may be dispensed at one time,

6. Oral contraceptives may be dispensed in three (3) month supplies,

7. Prenatal vitamins may be dispensed in three (3) month supplies,

8. Those products with cumulative maximum daily and/or monthly units as recommended by

the Food and Drug Administration (FDA) and the manufacturer, and/or as recommended by the Drug Utilization Board and approved by Medicaid,

9. Those products limited by authority of Medicaid with the potential for misuse, abuse, or diversion for the public safety, well-being and/or health, or

10. A limited listing of maintenance medications, approved by Medicaid, which may be dispensed in no more than a ninety (90) day supply.

G. In emergency situations, Medicaid will reimburse for a seventy two (72) hour supply of drugs that require prior authorization.

H. Pharmacy claims must be billed using the National Drug Code (NDC) number of the product dispensed. Pharmacy providers must bill the eleven (11) digit NDC for the drug and package size actually dispensed. This requirement is for all products, regardless of legend or over-the-counter (OTC) status.

Source: Miss. Code Ann. § 43-13-121; § 73-21-115; 42 USC 1396b (i) (21) and (23); 42 USC 1396br-8(a) and (d); 42 USC 1903(i)(23); Social Security Act

History: Revised – 01/01/2013

Rule 1.11: Smoking Cessation Agents

The Division of Medicaid covers all FDA approved smoking cessation OTC and prescription drugs and nicotine replacement products when used to promote smoking cessation, except dual eligible as Part D will cover.

Source: Miss. Code Ann § 43-13-121

History: Effective - 01/01/2013