Title 23: Division of Medicaid

Part 214: Pharmacy Services

Part 214 Chapter 1: General Pharmacy

Rule 1.2: Covered Services

A. The Division of Medicaid covers the following pharmacy services including, but not limited to:

1. Prescription drug coverage which includes all legend prescription drugs manufactured by a company that has signed a drug rebate agreement with certain specific Centers for Medicare and Medicaid Services (CMS) exceptions.

2. Over-the-counter (OTC) drug coverage which is limited to OTC drugs listed on the OTC Formulary.

3. Immunization coverage which includes certain vaccines. [Refer to Miss. Admin. Code Part 224, Rule 1.7].

B. The Division of Medicaid is not required to cover prescription drugs from manufacturers that do not participate in the federal drug rebate program.

C. The Division of Medicaid covers prescribed drugs that are not covered outpatient drugs, including drugs authorized for import by the Food and Drug Administration, when medically necessary during drug shortages identified by the Food and Drug Administration.

Source: 42 USC §§ 1396b, 1396r-8; Deficit Reduction Act (DRA); Miss. Code Ann. § 43-13-121.

History: Revised to correspond with MS SPA 24-0015 (eff. 10/01/24) eff. 06/01/2025; Revised eff. 01/01/2016.

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, the Division of Medicaid defines a prescribing provider as an enrolled Mississippi Medicaid provider duly licensed and 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 the Division of 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.

3. Pharmacy providers must return all funds to the Division of Medicaid for any dispensed prescription which is written hard copy on a non-tamper-resistant pad/paper.

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

E. The Division of Medicaid's monthly drug service limits are as follows:

1. Six (6) prescription drugs dispensed per month, with no more than two (2) brand name (single source or innovator multiple source drug if less expensive than the generic equivalent) drugs per month. Beneficiaries may exceed the prescription limits when prior authorized as medically necessary.

    a) Preferred brand drugs listed on the Universal Preferred Drug List (PDL) do not count toward the two (2) brand limit, and

    b) Over-the-counter (OTC) drugs prescribed by a physician listed on the Division of Medicaid's OTC drugs PDL do not count toward the two (2) brand limit.

2. Prescription drugs dispensed to institutionalized long-term care beneficiaries are exempt from the monthly service limit.

3. Early and Periodic Screening, Diagnosis and Treatment (EPSDT)-eligible beneficiaries may receive more than the six (6) prescription drugs or two (2) brands, if deemed medically necessary, through expanded EPSDT services. [Refer to Miss. Admin. Code, Part 214, Chapter 1, Rule 1.9 for medically necessary services for EPSDT eligible beneficiaries.]

F. The Division of 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 the Division of Medicaid, including, but not limited to:

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

   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 the Division of Medicaid,

9. Those products limited by authority of the Division 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 the Division of Medicaid, which may be dispensed in no more than a ninety (90) day supply.

G. In emergency situations, the Division of Medicaid will reimburse for a seventy two (72) hour supply of drugs that require prior authorization. [Refer to Miss. Admin. Code, Part 214, Chapter 1, Rule 1.4.B.]

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.

I. Pharmacy prescription claims must be billed with the National Provider Identification (NPI) number for the individual prescriber.

1. The NPI number on a pharmacy prescription claim must be for the prescribing provider and not for an entity.

2. The pharmacy is responsible for maintaining current and accurate prescriber identification on file.

3. Access to provider identification information must be available to all pharmacy employees.

4. Non-compliance with Miss. Admin. Code, Part 214, Chapter 1, Rule 1.6.I. may result in termination of point-of-sale (POS) privileges and/or recovery of false claims.

Source: 42 U.S.C. § 1396b, 42 C.F.R. § 440.120; Miss. Code Ann. §§ 43-13-117, 43-13-121, 73-21-115.

History: Revised to correspond with MS SPA 24-0015 (eff. 10/01/24) eff. 06/01/2025; Revised to correspond with SPA 19-0004 (eff. 07/01/2019) eff. 10/01/2019; Revised Miss. Admin. Code, Part 214, Chapter 1, Rule 1.6, C.3, G. and I. 07/01/2013; Revised Miss. Admin. Code, Part 214, Chapter 1, Rule 1.6, E. 01/01/2013.