

MISSISSIPPI DIVISION OF MEDICAID MANDATORY PREFERRED DRUG LIST FREQUENTLY ASKED QUESTIONS (FAQ)

What is the Preferred Drug List (PDL)?

Response: The Preferred Drug List is a medication list recommended to the Division of Medicaid by the P& T Committee and approved by the Executive Director of the Division of Medicaid. Drugs designated as preferred have been selected for their efficaciousness, clinical significance, cost effectiveness and safety for Medicaid beneficiaries. Most generic agents are preferred, do not require prior authorization, and may not be individually listed. Unless otherwise specified, the listing of a particular brand or generic name includes all dosage forms of that drug.

Are the drugs on the PDL the only drugs that can be prescribed for Medicaid beneficiaries?

What if I want to write for a drug not listed?

Response: No. The drugs on the PDL are not the only drugs that can be prescribed. All drugs covered by Medicaid are still available. Non-preferred drugs will require prior authorization. Medicaid-covered drugs noted as "non-preferred" will continue to be available through the prior authorization process. A three-day emergency supply of prior-authorized drugs can be dispensed by a pharmacy until authorization is completed.

Why should I write a prescription for a drug on the PDL?

Response: The drugs on the PDL have gone through a review process by the P & T Committee and have been determined to be the most safe and effective in their class. Physicians are encouraged to prescribe these agents when possible to meet patients' needs. The Division of Medicaid's policy is to provide optimal health care outcomes at reasonable costs for all beneficiaries. Compliance with this list assists the State in slowing the growth of expenditures for prescription drugs.

Some classes of drugs are not on the PDL. What about them?

Response: The PDL only addresses certain drug classes. Drugs which have historically been covered by Medicaid and are not listed on the Preferred Drug List will continue to be covered. Some drug classes will not be reviewed for preferred status because of no and/or limited cost savings, if the class is all and/or mostly generic, or if there is low utilization in that class. Be advised that DOM may opt to include or delete drug classes from PDL review in the future.

Can the drugs listed on the PDL change?

Response: Yes. The P & T Committee has the responsibility for ongoing maintenance of the PDL. The Committee evaluates agents for safety, efficacy, and overall therapeutic significance. After thorough evaluation, the Committee may recommend addition or deletion of certain drugs or drug classes to the PDL. The Division of Medicaid will also update the PDL on the agency's web site at <http://www.medicaid.ms.gov> any time there is a change.

The PDL is reviewed regularly by the P&T Committee, who makes recommendations to DOM's Executive Director. The PDL is updated two times annually, on January 1st and July 1st.

Does the PDL pertain to children and residents in a long term care setting?

Response: Yes. The PDL contains the drugs Medicaid recommends to prescribers for all Medicaid beneficiaries.

What happens if a branded drug on the PDL is discontinued? Will another drug be substituted?

Response: If a drug is discontinued by the manufacturer, it will be removed from the PDL. IF additional drugs in that therapeutic classification are needed, then re-evaluation of this category will be considered by the P & T Committee.

My patient needs a non-preferred drug. What do I do?

Response: Submit a *PDL Exception Form* to Medicaid's Pharmacy PA Unit. The *PDL Exception Form* is located at DOM's web site www.medicaid.ms.gov, select Pharmacy Services, and Prior Authorization.

Criteria to be satisfied for approval of non-preferred drug prior to the request:

- 1) Beneficiary must have used preferred agents, in the same therapeutic class, for a 30 day course of treatment per drug (*as reflected in paid Medicaid claims*) and failed trials within six months. **OR**
- 2) Documentation of therapeutic failure of preferred drugs, **OR**
- 3) Documentation of stable therapy as reflected in 90 days of paid Medicaid claims. Pharmaceutical samples are not considered as stable therapy.

Exceptions to the PDL criteria may be considered if there is sufficient documentation of:

- Adverse event(s) reactions(s) to preferred agents; **OR**
- Therapeutic failure(s) preferred agents; **OR**
- Contraindications to preferred agent(s) i.e. drug interaction, existing medical condition preventing the use of preferred agent(s).

I have questions that are not answered here. Who do I call to get answers?

Response: Please call the Division of Medicaid's Pharmacy Bureau staff at 601-359-5253.

What about emergency situations?

In emergency situations, after hours, or on weekends, pharmacists are authorized to dispense a 72 Hour Emergency Prescription when a medication is needed without delay and the prior authorization is not available. Be advised that 72 hour supplies count against monthly service limit and no more than two 72 hour overrides per drug and beneficiary may be used in one month. For billing instructions on dispensing a 72 hour emergency prescription, go the agency's website at <http://www.medicaid.ms.gov>.