

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

Is the Preferred Drug List a formulary?

No. The Preferred Drug List (PDL) is **not** a formulary. It is a list of drugs, which have been reviewed by a committee of physicians, pharmacists, and a nurse practitioner, referred to as the Pharmacy & Therapeutics (P&T) Committee. All the listed drugs are FDA-approved, and are as effective as non-preferred drugs. Brand name drugs approved for the PDL are listed in **bold print**.

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?

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 submission of a *PDL Exception Request Form* and have a higher co-pay.

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

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?

This PDL is a starting point for establishing a method of determining which drugs DOM recommends to prescribing physicians. The PDL will be reviewed and updated regularly by the P&T Committee, who will make recommendations to DOM's Executive Director. In the coming months, the P&T Committee will be reviewing additional classes of drugs for possible inclusion on the PDL.

Can the drugs listed on the PDL change?

Yes. The P & T Committee has the responsibility for ongoing maintenance of the PDL. The Committee will evaluate 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. Providers will be notified of changes to the PDL via the monthly Medicaid Provider Bulletin. The Division of Medicaid will also update the PDL on the agency's web site at www.medicaid.ms.gov any time there is a change.

Is an Exception Request required for brand name drugs on the PDL?

No. Per State law, prior authorization is required for those brand name drugs with generic equivalents. The exceptions are five drugs designated as narrow therapeutic index (NTI) drugs and identified as Dilantin®, Lanoxin®, Tegretol®, Coumadin®, and Synthroid®.

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

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

What happens if a manufacturer discontinues a brand name drug listed on the PDL? Will another drug be substituted?

If the manufacturer discontinues a drug, it will be removed from the PDL. If another drug in that classification is needed, reevaluation of this category will be considered by the P&T Committee.

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

Submit a *PDL Exception Form* to Medicaid's Pharmacy Benefits Manager. The *PDL Exception Form* is located at DOM's web site www.dom.state.ms.us, select Pharmacy Services, and forms.

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

- 1) Beneficiary must have used preferred agents for a (30) day course of treatment per drug (as reflected in paid Medicaid claims) and failed trials, within six (6) months prior to the request,
OR
- 2) Documentation of therapeutic failure of preferred drugs,
OR
- 3) Documentation of stable therapy as reflected in ninety (90) days of paid Medicaid claims.

Exceptions to the PDL criteria may be considered by the Pharmacy Benefits Manager 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?

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

Remember, in emergency situations, after hours, or on weekends, pharmacists are authorized by Federal Law to dispense a **72 hour emergency supply** of any non-preferred medication without an *Exception Request Form*. Please see Pharmacy Manual for details.