



Preferred Drug List Policies for MS CHIP and MississippiCAN Quick Reference Guide

Overview

UnitedHealthcare Community Plan uses the Mississippi Department of Medicaid's preferred drug list (PDL) and related policies for members covered by MS CHIP and MississippiCAN. We follow the state's policies for generic substitution and therapeutic interchange, quantity limits and step therapy. Please review this quick reference guide to assist you when prescribing prescription drugs for our members.

Generic Substitution and Therapeutic Interchange

When a prescriber doesn't request a brand name drug, pharmacies must follow standard practice guidelines for the State of Mississippi and fill the prescription with the generic equivalent.

Some generic drugs may be classified as non-preferred by the Mississippi Division of Medicaid. This happens when a branded drug is less expensive to the State due to the federal and/or supplemental rebates. In such cases, the dispensing pharmacy is required to bill the branded product rather than the generic product.

Exceptions to the generic requirement are:

- Observed allergy in a patient to a component of the generic drug
- An attributable adverse event the patient may experience
- Drugs generally accepted as narrow therapeutic index (NTI) drugs:
 - Coumadin[®]
 - Dilantin
 - Lanoxin
 - Synthroid[®]
 - Tegretol

If you prescribe an NTI drug, you'll need to indicate one of the following on a written or faxed prescription so the pharmacist can submit the claim for the branded agent:

- Brand name medically necessary
- Dispense as written
- Do not substitute

Quantity Limits

Per state guidelines, we may have monthly quantity limitations on certain medications to help promote efficient and safe medication dosing. Prescriptions for quantities more than the indicated monthly limits will require prior authorization.

We'll periodically add quantity limits for certain drugs and give care providers advance notice when we do. We recognize that the patient's medical condition must be taken into consideration when

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drug therapy is prescribed. Overrides will be available on a case-by-case basis using the state's prior authorization process. To request an override, please call **800-310-6826**.

Step Therapy

The Mississippi Drug Utilization Review Committee reviews step therapy criteria, which UnitedHealthcare Community Plan follows to help monitor medication use, enhance PDL compliance, and promote appropriate prescribing of quality, cost-effective drug products to our members. Step therapy criteria are based on:

- Current evidence-based medical literature reviews
- Consultation with practicing physicians and pharmacists in Mississippi who have specialized medical expertise
- Governmental agency policies, as well as national accreditation organization standards

The Mississippi Drug Utilization Review Committee revises and updates prior authorization criteria regularly as new evidence becomes available.

Questions?

If you have questions, please call us at **800-310-6826**.