

State of Mississippi**DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED**

12a. **Prescribed Drugs:**

- (1) Covered outpatient drugs are those produced by any manufacturer which has entered into and complies with an agreement under Section 1927 (a) of the Act which are prescribed for a medically acceptable indication. Compounded prescriptions (mixtures of two (2) or more ingredients) except for hyperalimentation are not covered.
- (2) All Medicaid non-Early and Period Screening, Diagnostic and Treatment (EPSDT)-eligible beneficiaries are limited to six (6) prescriptions, which includes legend and prescribed OTC drugs, per month with no more than two (2) brand name (single source or innovator multiple source) drugs per month.
 1. Preferred brand drugs listed on the Universal Preferred Drug List (PDL) do not count toward the two (2) brand limit, and
 2. Over-the-counter (OTC) drugs prescribed by a physician listed on the Division of Medicaid's OTC PDL do not count toward the two (2) brand limit.
- (3) Prescription limits are not applicable for Medicaid beneficiaries receiving institutional long-term care services.
- (4) As provided in Section 1935 (d) (1) of the Act, effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible under Part A or Part B.
- (5) As provided by Sections 1927 (d)(2) and 1935 (d)(2) of the Act, the Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses, to all Medicaid beneficiaries including full benefit dual eligible beneficiaries under the Medicare prescription Drug Benefit-Part D.
 - (a) Agents when used for anorexia, weight loss or weight gain;
 - (b) Agents when used to promote fertility;
 - (c) Agents when used for cosmetic purposes or hair growth;
 - (d) Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee;
 - (e) Those drugs designated less than effective by the FDA as a result of the Drug Efficacy Study Implementation (DESI) program;

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- (f) Nonparticipating rebate manufacturers;
- (g) Select agents when used for symptomatic relief of cough and colds:
antihistamines, decongestants, antihistamine/decongestant combination products,
legend antitussive benzonatate;
- (h) Select prescription vitamins and mineral products, except prenatal vitamins and
fluoride:
vitamin K, cyanocobalamin injection, vitamin D, folic acid as a single entity;
- (i) Select nonprescription (OTC) drugs:
Are defined by the Division of Medicaid, updated annually and located on the
Division of Medicaid's website at [https://medicaid.ms.gov/providers/ pharmacy
/pharmacy-resources/](https://medicaid.ms.gov/providers/pharmacy/pharmacy-resources/)

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- (2) All Medicaid non-Early and Period Screening, Diagnostic and Treatment (EPSDT)-eligible beneficiaries ~~age 21 and older~~ are limited to ~~five~~ six (56) prescriptions, which includes legend and prescribed OTC drugs, per month with no more than two (2) brand name (single source or innovator multiple source) drugs per month.
1. Preferred brand drugs listed on the Universal Preferred Drug List (PDL) do not count toward the two (2) brand limit, and
 2. Over-the-counter (OTC) drugs prescribed by a physician listed on the Division of Medicaid's OTC PDL do not count toward the two (2) brand limit.
- (3) for each non-institutionalized Prescription limits are not applicable for Medicaid beneficiarys receiving institutional long-term care services.
- (~~34~~) As provided in Section 1935 (d) (1) of the Act, effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible under Part A or Part B.
- (~~55~~) As provided by Sections 1927 (d)(2) and 1935 (d)(2) of the Act, the Medicaid agency provides coverage for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses, to all Medicaid beneficiaries including full benefit dual eligible beneficiaries under the Medicare prescription Drug Benefit-Part D.
- (a) Agents when used for anorexia, weight loss or weight gain;
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- (d) Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee;
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legend antitussive ~~benzonate~~ benzonatate;
- (h) Select prescription vitamins and mineral products, except prenatal vitamins and fluoride:
vitamin K, cyanocobalamin injection, vitamin D, folic acid as a single entity;
- (i) Select nonprescription (OTC) drugs:
~~Insulin, allergy and sinus products, analgesics/antipyretics, antitussives, antitussive/expectorants, digestive medications, ophthalmic agents, topical antibiotics, topical antiparasitics, topical antifungals, and vaginal antifungals.~~
Are defined by the Division of Medicaid, updated annually and located on the Division of Medicaid's website at <https://medicaid.ms.gov/providers/pharmacy/pharmacy-resources/>