

State/Territory: Mississippi

K. The Division of Medicaid is in compliance with Section 1902(a)(85) of the Social Security Act and Section 1004 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) Act for Patients and Communities as follows:

1. **Claims Review Limitations:**

- a. The Division of Medicaid's opioid related prospective point-of-sale (POS) safety edits are as follows except for those beneficiaries with certain diagnoses as recommended by the DUR Board:
  - 1) Duplicate fill and early fill alerts: In addition to duplicate fill and early fill alerts on all opioids, new opioid prescriptions for opiate-naïve patients must be for a short-acting (SA) opioid. SA opioid prescriptions for opiate-naïve patients are limited to both day supply allowed per prescription fill and number of times the prescription can be filled per month in accordance with current DUR Board recommendations.
  - 2) Quantity limits: Monthly quantity limits for all opioids.
  - 3) Dosage limits: Maximum daily dosage limits for all opioids in accordance within the FDA approved indications or compendia supported guidelines.
  - 4) MME limitations: Daily opioid doses, whether individual and/or cumulative daily sum of all opioid prescriptions for the patient, in excess of the Morphine Milligram Equivalents (MME) as recommended by the DUR Board will require prior authorization (PA) with documentation that the benefits outweigh the risks and that the patient has been counseled about the risks of overdose and death.
  - 5) Concomitant use of opioids and benzodiazepines will require PA
- b. The Division of Medicaid's opioid related retrospective reviews are as follows:
  - 1) Beneficiary claims are reviewed to identify prescriber(s) who order the concomitant use of opioids/benzodiazepines or opioids/antipsychotics.
  - 2) Notification is made to those prescribers regarding the appropriate accepted clinical use of these drugs and suggested tapering guidelines.
  - 3) Opioid prescriptions exceeding MME limitations on an ongoing basis.

2. **Program to Monitor Antipsychotic Medications by Children Including Foster Children:** The Division of Medicaid's opioid related retrospective reviews are as follows:

- a. Beneficiary claims are reviewed to identify prescriber(s) who order the concomitant use of opioids/benzodiazepines or opioids/antipsychotics.
- b. Notification is made to those prescribers regarding the appropriate accepted clinical use of these drugs and suggested tapering guidelines.
- c. Antipsychotic agents are reviewed for appropriateness based on approved indications and clinical guidelines.

3. **Fraud and Abuse Identification:** The Division of Medicaid's Beneficiary Health Management (BHM) program is designed to:

- a. Closely monitor program usage to identify beneficiaries who may be potentially over-utilizing or misusing prescription drugs by screening against criteria designed to identify drug seeking behavior, inappropriate use of prescription drugs, and patterns of inappropriate, excessive or duplicative use of pharmacy services.
- b. Restrict beneficiaries whose utilization of prescription drugs is documented at a frequency or amount that is not according to DUR Board recommendations and utilization guidelines established by Division of Medicaid.
- c. "Lock-in" beneficiaries for a period of twelve (12) months to one (1) physician and/or one (1) pharmacy of their choice and up to three (3) physician specialists, if requested, for his/her medical and/or pharmacy services to prevent beneficiaries from obtaining opioids and

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- benzodiazepines through multiple visits to different physicians and pharmacies with ongoing reviews to monitor patterns of care.
- d. Prevent beneficiaries from obtaining non-medically necessary prescribed drugs through multiple visits to different physicians and pharmacies, monitor services received and reduce inappropriate utilization.
  - e. Identify and refer provider/prescribers with inappropriate over-prescribing patterns to the appropriate licensure or law enforcement entity.
  - f. Identify potential fraud or abuse of controlled substances by enrolled individuals, health care providers and pharmacies.
4. **Medicaid Coordinated Care Organization (CCO) Requirements:** The Division of Medicaid confirms that contracts with the coordinated care organizations (CCOs) comply with the requirements applicable to CCOs as added by Section 1004 of the SUPPORT for Patients and Communities Act.