

Additional Instructions for Completing a Medicaid Pharmacy Prior Authorization

Notice: The Division of Medicaid (DOM) *encourages Medicaid providers to use equally efficacious and cost saving preferred agents whenever possible; most preferred drugs do not require PA. There are multiple preferred alternatives for non-preferred drugs. Before submitting a PA request, remember to check for options not requiring PA at the current PDL which may be referenced at: [Universal Preferred Drug List - Mississippi Division of Medicaid \(ms.gov\)](#)*

Completing a Prior Authorization

- Please note the instructions on this page are for beneficiaries enrolled in Mississippi Medicaid Fee-for- Service, MSCAN, and CHIP.
- MS Division of Medicaid requires that all information requested within the appropriate packet be completed for consideration and approval. The “Standardized One Page Pharmacy Prior Authorization Form” as well as the “Criteria/Additional Documentation Form” are required as part of the completed PA packet.
- The requested information is required by the Pharmacy PA Unit in order to quickly assess the prior authorization request. Requests submitted with missing information will not be considered until all information is provided.
- Only the prescribing provider or one of their authorized staff representatives may request a pharmacy prior authorization from the Pharmacy PA unit.
- When a claim returns the NCPDP request code 75 (“Prior Authorization Required”), a prior authorization is required.
- Please note: PA requests submitted by agents of drug manufacturers should not be submitted, pursuant to policy, and shall be denied.

There are two options to request a prior authorization for a Medicaid beneficiary:

A.) Online: *RECOMMENDED* -The quickest, most efficient way to enter and process a Prior Authorization.

If you are a MS MEDICAID PRESCRIBER, please submit your PA requests via the MESA (Medicaid Enterprise System Assistance) provider portal for the most efficient processing.
<https://portal.MS-Medicaid-MESA.com/MS/Provider>

B.) Facsimile: 1-866-644-6147

Please call Gainwell Technologies for additional assistance – **1-833-660-2402**

General Prior Authorization Instructions



72 Hour Emergency Supply

Prior authorizations are reviewed, and a determination notice provided within twenty-four (24) hours from receipt of request. If a PA is not available, a seventy-two (72) hour emergency supply may be dispensed. Pharmacists should use their professional judgment regarding whether there is an immediate need every time the seventy-two (72) hour option is used. The seventy-two (72) hour emergency procedure must not be used for routine and continuous overrides. [72-hour-emergency-supply-billing-instructions-10.1.2022-Gainwell.pdf \(ms.gov\)](#)

Prior Authorization Determination

If the Pharmacy PA unit approves the prior authorization, the beneficiary can return to their pharmacy to obtain the prescription. The drug claim will pay and no further action will be required.

If the Pharmacy PA unit denies the request, the prescriber's office and the beneficiary will be notified. The prescriber has the option of prescribing a different treatment course that does not require prior authorization or by contacting the Pharmacy PA Unit and requesting a first reconsideration.

- Pharmacy Prior Authorization Unit/Gainwell Technologies **1-833-660-2402**

REMINDER: Before submitting a PA request, check for options not requiring PA on the current Universal PDL found [Universal Preferred Drug List - Mississippi Division of Medicaid \(ms.gov\)](#) Medicaid providers are encouraged to use equally efficacious and cost saving **preferred** agents whenever possible.

Request for an Appeal

Purpose:

In accordance with Section 43-13-116 of the Mississippi Code of 1972, as amended, and 42 CFR 431.200 et. seq., the Division of Medicaid provides beneficiaries the opportunity to request a fair hearing in order to appeal decisions of denial, termination, suspension or reduction of Medicaid covered services.

Policy:

If a decision is made to reduce, deny, suspend, or terminate covered services provided to a Medicaid beneficiary, and the beneficiary disagrees with the decision, the **beneficiary and/or his/her legal representative** must request a hearing in writing within thirty (30) days of the notice of adverse action. Please refer to Miss. Admin. Code Part 100, Chapter 1, Rule 1.3.

Requests should be forwarded to:

Division of Medicaid (DOM)
Attn. Office of Appeals
550 High Street, Suite 1000
Jackson, MS 39201

In an emergency situation, the DOM will allow for a 72-hour supply of medication.

SUBMISSION AND/OR APPROVAL OF A DRUG PRIOR AUTHORIZATION REQUEST DOES NOT GUARANTEE MEDICAID PAYMENT FOR PHARMACY PRODUCTS OR THE AMOUNT OF PAYMENT. ELIGIBILITY FOR AND PAYMENT OF MEDICAID SERVICES ARE SUBJECT TO ALL TERMS AND CONDITIONS AND LIMITATIONS OF THE MEDICAID PROGRAM.

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