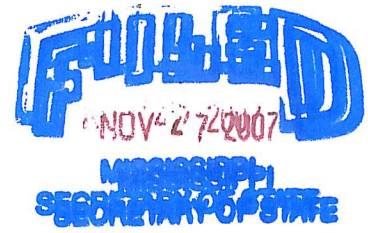


NOTICE OF RULE ADOPTION—FINAL RULE



STATE OF MISSISSIPPI  
OFFICE OF THE GOVERNOR  
DIVISION OF MEDICAID

Miss. Division of Medicaid  
c/o Ginnie McCardle, Staff Officer  
Walter Sillers Building  
550 High Street  
Suite 1000  
Jackson, MS 39201-1399  
(601) 359-6310  
<http://www.dom.state.ms.us>

Specific Legal Authority Authorizing the promulgation of  
Rule: Miss Code Ann. §43-13-121(1972), as amended

Reference to Rules repealed, amended or suspended by the  
Proposed Rule :  
State Plan Attachment 3.1-A, Exhibit 12a, Page 1-2

Date Rule Proposed: October 16, 2007

**Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:**  
SPA 2007-007 The purpose of this State Plan Amendment is to make a technical correction regarding optional drug coverage categories (i.e. OTC formulary, prescription vitamins, cold and cough products, and smoking cessation drugs) and lists drugs by therapeutic classes rather than by individual drugs; and to increase drug options (in response to State Law HB 1695 and SMDL #07-004) and adds more drugs in the optional category of smoking cessation agents for the MS Medicaid beneficiary population.

The Agency Rule Making Record for this rule including any written comments received during the comment period and the record of any oral proceeding is available for public inspection by contacting the Agency at the above address.

An oral proceeding was held on this rule:

Date:  
Time:  
Place:

An oral proceeding was not held on this rule.

The Agency has considered the written comments and the presentations made in any oral proceedings, and

This rule as adopted is without variance from the proposed rule.

This rule as adopted differs from the proposed rule as there are minor editorial changes which affect the form rather than the substance of the rule.

The rule as adopted differs from the proposed rule. The differences however are:  
Within the scope of the matters in the Notice of Proposed Rule Adoption, the logical outgrowth of the contents of the Notice of Proposed Rule Adoption and the comments submitted in response thereto, and  
The Notice of Proposed Rule Adoption provided fair warning that the outcome of the proposed rule adoption could be the rule in question.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Effective Date of Rule: November 26, 2007

Executive Director

Signature and Title of Person Submitting Rule for Filing

## State of Mississippi

## DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF MEDICAL CARE AND SERVICES PROVIDED

12a. **Prescribed Drugs:** 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 or more ingredients) except for hyperalimentation are not covered.

All Medicaid beneficiaries age 21 and older are limited to five (5) prescriptions per month with no more than two brand name (single source or innovator multiple source) drugs per month for each non-institutionalized Medicaid beneficiary. The Medicaid agency provides coverage to all Medicaid beneficiaries including full benefit dual eligible beneficiaries.

As provided by Section 1927 (d)(2) of the Act, the following drugs or classes of drugs, or their medical uses, are excluded from coverage or otherwise restricted. The Medicaid agency will cover the following excluded drugs with restrictions:

- (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;
- (f) Nonparticipating rebate manufacturers;
- (g) Agents when used for symptomatic relief of cough and colds: antihistamines, decongestants, antihistamine/decongestant combination products; some OTC antitussive and/or expectorants; some legend antitussive and/or expectorants.
- (h) Agents when used to promote smoking cessation (except dual eligibles as Part D will over):  
FDA approved smoking cessation and nicotine replacement products
- (i) Prescription vitamins and mineral products:  
Prenatal vitamins for women up through age 45; vitamin K, cyanocobalamin; niacin; Vitamin D; folic acid as a single entity; fluorinated pediatric vitamins (for beneficiaries under age 21); some renal vitamins (for dialysis patients).
- (j) Nonprescription (OTC) drugs:  
insulin; allergy and sinus products; analgesics/antipyretics; digestive medications;

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

Attachment 3.1-A  
Exhibit 12A  
Page 2

State of Mississippi

topical products; oral electrolyte replacement mixtures; vitamins and minerals listed on the covered OTC formulary; ophthalmic lubricants.

- (k) Barbiturates:  
Limited to Phenobarbital and Mephobarbital.
- (l) Benzodiazepines:  
Limited to generic formulations