



MARYLAND MEDICAID PHARMACY PROGRAM

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ADVISORY

In an effort to give timely notice to the pharmacy community concerning important pharmacy topics, the Department of Health and Mental Hygiene's (DHMH) Maryland Medicaid Pharmacy Program (MMPP) has developed the Maryland Medicaid Pharmacy Program Advisory. To expedite information timely to the pharmacy and prescriber communities, an email network has been established which incorporates the email lists of the Maryland Pharmacists Association, EPIC, CARE, Long Term Care Consultants, headquarters of all chain drugstores and prescriber associations and organizations. It is our hope that the information is disseminated to all interested parties. If you have not received this email through any of the previously noted parties or via DHMH, please contact the MMPP representative at 410-767-1455.

The Peer Review Program Expands to Include Recipients Ages 0 – 17 years

The Maryland Medicaid Pharmacy Program (MMPP) launched this program in 2011. This program addresses the utilization of antipsychotics in children covered under Maryland Medicaid. The expansion started in July 2013 and includes all recipients less than 18 years of age (see expansion chart below).

In partnership with the Mental Hygiene Administration (MHA) and the University of Maryland's (UMD) School of Pharmacy and Division of Child and Adolescent Psychiatry, the program's goal is to ensure these patients receive optimal treatment in concert with appropriate non-pharmacologic measures in the safest manner possible. The peer review program will advise clinicians of relevant clinical information for their decision-making and ensure the appropriate use of antipsychotics while monitoring for adverse sequelae in Medicaid's pediatric patients. As per the expansion schedule below, claims for all antipsychotic medications written for Medicaid recipients 17 years and younger will require a Prior Authorization. For more information please visit:

<http://dev-mmcp.dhmh.maryland.gov/pap/SitePages/Antipsychotics%20Review%20Programs.aspx>

The expansion schedule is as follows:

Patient Age (Years)	Time Period for Prescriber to Contact Peer Review Program	Date Prescription will Start Denying at the Pharmacy
10	Early July to Early September	September 16, 2013
11	Early August to Mid October	October 22, 2013
12 to 13	Early September to Mid November	November 19, 2013
14 to 15	Late September to Early December	December 16, 2013
16 to 17	Mid October to Early January	January 17, 2014

The Peer Review Program will work as follows:

1. Unless the prescriber has contacted the Peer Review Call Center and provided a faxed application form or the necessary verbal information, the claim will be denied at the pharmacy.
 2. The denial message will be "PA Required" and "Prescriber or their designee must call Antipsychotic Peer Review Center at 1-855-283-0876 for PA".
 3. The denial will require the pharmacy provider to contact the prescriber and inform them that a PA needs to be obtained.
 4. The prescriber must then contact the Peer Review call center and proceed with a consultation that will lead to a decision related to the PA (approve/deny).
 5. The Peer Review Program will notify the prescriber of the approval or denial of the prescription. The prescriber will in turn notify the pharmacy provider.
 6. Six (6) months after the initial PA is approved, the prescriber will need to complete a request to renew an authorization to continue therapy.
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