



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 Pharmacy Program (MPP) has developed the Maryland 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 MPP representative at 410-767-1455.

Antipsychotics on Maryland Medicaid PDL and Possible Coverage of a 30-day Emergency Supply of Atypical Antipsychotics

When the Pharmacy Program's Preferred Drug List (PDL) is up-dated on October 1, 2009, the Antipsychotics Drug Class will include traditional antipsychotic drugs, atypical antipsychotic drugs and injectable formulations (see page 6 of the PDL at <http://www.dhmh.state.md.us/mma/mpap/druglist.html>). Some of the atypical antipsychotics will be subject to Step Therapy and/or Prior Authorization (PA). If there is not a history of a 42-day trial of a Tier 1 drug within the most recent 60 days, a claim for a Tier 2 drug will deny and require a PA from the prescriber. Zyprexa[®], Zyprexa IM[®] and Abilify[®] are Tier 2 drugs. Non-preferred atypical antipsychotics require a PA and include Invega[®], Risperdal Consta[®], Seroquel XR[®] and Symbyax[®].

When a "prior authorization required" denial message on a submitted claim is received, the pharmacy should contact the prescriber to either change the medication or have the prescriber obtain the necessary PA. It would be beneficial if the pharmacist would advise the prescriber of the alternative drugs that are Tier One. Tier One drugs do not require a PA. Normally the prescriber can obtain a PA with a phone call.

When the prescriber is not available to obtain PA for an atypical antipsychotic medication that is non-preferred or subject to Step Therapy, a one-time only authorization can be obtained to dispense up to a 30-

day emergency supply. This policy was previously communicated in Advisories #58 on September 26, 2008 and #65 on April 7, 2009, (<http://www.dhmh.state.md.us/mma/mpap/provadv.html>) and remains in place. The pharmacist should use his or her professional judgment in determining whether the prescription is needed on an emergency basis, taking into account the patient's diagnostic and drug history, information about what medications the patient has on hand, and possible recent hospitalization, as well as any mobility, transportation or communication issues that make returning to the pharmacy difficult or expensive.

In order to get a paid claim for an emergency supply of an atypical antipsychotic requiring a PA, the pharmacy must call 800-932-3918 for authorization. **During the 30-day window, the pharmacist must notify the prescriber of the need to obtain a PA before the prescription can be filled a second time and make a note for his or her records of the date, time and person they contacted at the prescriber's office. This information should be made available upon request by the Maryland Medicaid Pharmacy Program staff.**