



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.*

Changes to Status of Antipsychotic Medications on Maryland Preferred Drug List

The Maryland Medicaid Pharmacy Program has an open formulary and has established a Preferred Drug List (PDL) to insure efficacious, safe and cost effective drug options. Effective October 1, 2009 the Department has modified the class of Antipsychotic drugs on the (PDL) to include traditional, atypical and alternative dosage forms of the available antipsychotic drugs. As shown on page 6 of the PDL on the web at <http://www.dhmh.state.md.us/mma/mpap/druglist.html> the drugs in this class are classified as follows:

Non-preferred antipsychotic agents

Invega[®] (dose optimization applies)
Risperdal Consta[®] (dose optimization applies)
Seroquel XR[®] (dose optimization applies)
Symbyax[®] (dose optimization applies)

Preferred Antipsychotic Agents

Tier 1

chlorpromazine
clozapine
fluphenazine
fluphenazine decanoate injection
haloperidol
haloperidol decanoate injection
perphenazine
perphenazine/amitriptyline
risperidone (dose optimization applies)
thioridazine
thiothixene
trifluoperazine
Fazaclo[®]
Geodon (dose optimization applies)
Geodon IM[®]
Moban[®]
Seroquel[®] (dose optimization applies)

Tier 2

Abilify[®]
Zyprexa[®] (dose optimization applies)
Zyprexa IM[®]

Generally, under the Preferred Drug List, preferred drugs do not require prior authorization (PA); however, TIER 2 drugs are an exception. They are subject to step therapy. If step therapy is not followed, PA is required.

Since antipsychotics are used in the treatment of mental health disorders, recipients currently stabilized on therapy with a history of Medicaid coverage for the TIER 2 or non-preferred drug in the previous 120 days will NOT require PA to continue therapy. They will be “grandfathered”.

On the other hand, initial pharmacy claims submitted to Medicaid for a Tier 2 drug will be denied unless a history of a 6 week trial of a Tier 1 antipsychotic appears in the Medicaid pharmacy system. Likewise, initial claims for non-preferred drugs deny without a PA.

When a recipient is newly certified for Medicaid or has been discharged from any inpatient facility, the source of payment for their prescription medications changes. Their pharmacy history does not appear in the Medicaid system. Claims for mental health medications for these recipients appear to be initial, first-time claims. To minimize the risk of interrupting their drug regimens, the

hospital discharge planning process should include a survey of the particular medications ordered and identification of the patient's prescription drug insurance coverage.

This step in the discharge planning process is particularly critical for Medicaid patients with prescriptions for mental health medications because:

- Medicaid patients typically do not have the ability to pay cash for their prescriptions.
- Continuity of drug regimen prevents relapse of symptoms and re-hospitalization.

In planning for discharge of Medicaid patients to the community with orders for an antipsychotic medication, the prescriber should check the recipient's prescriptions against the current PDL. If the prescribed medication requires PA, the prescriber should obtain the PA before discharge. Information about the status of drugs on the PDL can be found by calling 800-932-3918 24/7, or on the web at <http://www.dhmd.state.md.us/mma/mpap/druglist.html>, or by consulting Epocrates[®], a free, online or downloadable reference at <http://www.epocrates.com/>. Epocrates[®] also gives information about any quantity limits or other restrictions that may apply to a particular drug.

Prior to discharge, the prescriber must personally call **800-932-3918** to obtain a PA. The prescriber need not provide a justification or meet any special conditions or criteria. PA requests can be processed at any time, 7 days a week, 24 hours a day, and will last one full year. Phone requests for PA are effective immediately. A PA can also be obtained using a fax form, available on the web at http://www.mdrxprograms.com/docs/medicaid/MD_PREFERRED_DRUG_PROGRAM_REV_FEB08.PDF which the prescriber must personally sign. A separate form is required for each prescription. It may take up to 24 hours for fax submissions to become effective.

In the event that the PA process has not been completed at the time the patient presents the prescription to the pharmacy, the pharmacist may obtain a one-time emergency authorization for an up to a 30-day supply. During the 30-day window, the prescriber must obtain the PA.