



STATE OF MARYLAND

DHMH

## Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Office of Systems, Operations & Pharmacy  
Medical Care ProgramsCharles E. Lehman  
Executive Director

**Maryland Medical Assistance Program**  
**General Provider Transmittal No. 77**  
**October 07, 2009**

**TO:** Physicians, Hospitals, Clinics, Nursing Homes, Intermediate Care Facilities for People with Mental Retardation, Residential Treatment Centers for Children Under 21, Nurse Practitioners

**FROM:** Charles E. Lehman, Executive Director *Charles E. Lehman*  
Office of Systems, Operations & Pharmacy

**Note:** Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

**Re:** Mental Health Medications

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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. After September 30, these drugs will be classified as follows:

**Tier 1 Preferred**

chlorpromazine  
clozapine  
fluphenazine  
fluphenazine decanoate injection  
haloperidol  
haloperidol decanoate injection  
perphenazine  
perphenazine/amitriptyline  
risperidone (dose optimization applies)

thioridazine  
thiothixene  
trifluoperazine  
Fazaclo<sup>®</sup>  
Geodon<sup>®</sup> (dose optimization applies)  
Geodon IM<sup>®</sup> injection  
Moban<sup>®</sup>  
Seroquel<sup>®</sup> (dose optimization applies)

**Tier 2 Preferred**

Abilify<sup>®</sup> (dose optimization applies)  
Zyprexa<sup>®</sup> (dose optimization applies)  
Zyprexa IM<sup>®</sup> injection

**Non-Preferred**

Invega<sup>®</sup> (dose optimization applies)  
Risperdal Consta<sup>®</sup> (dose optimization applies)  
Seroquel<sup>®</sup> XR (dose optimization applies)  
Symbyax<sup>®</sup> (dose optimization applies)

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 a prior authorization (PA) to continue therapy. They will be “grandfathered”.

On the other hand, the initial pharmacy claim submitted to Medicaid for a TIER 2 drug will be denied unless Step Therapy has been followed. Trial of a TIER 2 Preferred product requires an adequate trial of a TIER 1 Preferred product for six weeks before it will be authorized. Recipients will be unable to readily receive their medication unless a PA is in place. 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 Prior Authorization (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.dhmh.state.md.us/mma/mpap/druglist.html>, or by consulting Epocrates<sup>®</sup>, a free, online or downloadable reference at <http://www.epocrates.com/>. Epocrates<sup>®</sup> 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. Preauthorization 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 (see attached) 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.



Maryland Pharmacy Program  
Request for Rx Prior Authorization  
Preferred Drug Program

Request Date  
 /  /

**PATIENT INFORMATION**  
 Patient's Medicaid ID Number   
 Patient's Date of Birth  /  /   
 Patient's Full Name

**PRESCRIBER INFORMATION**  
 Prescriber's Full Name   
 Prescriber Street Address   
 City  State  Zip Code  -   
 Prescriber Phone:  -  -   
 Prescriber Fax:  -  -   
 Prescriber DEA #  -

Person Completing Form \_\_\_\_\_

Drug Requested: (Use one form per drug)

Check if generic is not acceptable  (Prescriber must complete DHMM Medwatch Form)  
 Strength Dosage Form Quantity Directions

1. Diagnosis for use of this medication? \_\_\_\_\_
2. Why have you chosen to use a drug that is not a preferred drug nor a recommended Tier 1 drug?  
 Inadequate response to alternatives     Allergy to alternates     Adverse event with alternatives     Other (describe) \_\_\_\_\_  
Select all that apply

The Preferred Drug List allows the State to provide recipients quality drugs that are safe and cost-effective.  
 Current list of non-preferred drugs requiring PA is available at  
[http://providersynergies.com/services/documents/MDM\\_PDL.pdf](http://providersynergies.com/services/documents/MDM_PDL.pdf)

Signature of Prescriber \_\_\_\_\_ Date  /  /

FAX TO: Maryland Pharmacy Program  
 Fax: (866) 440 - 9345  
 PA HELPDESK: (800)932-3918

