



Pharmacy News & Views

June 2009

Maryland Department of Health and Mental Hygiene / Office of Systems, Operations and Pharmacy

Maryland Medicaid Mental Health Formulary Revisions

The Maryland Medicaid Mental Health Formulary is being modified as of July 1, 2009. In the past there were six drugs that were not billed fee-for-service even though these drugs were part of the drug classes that make up the Mental Health Formulary. These drugs were not payable fee-for-service but were billed to the Managed Care Organizations (MCOs). These six drugs include all dosage forms of the following:

- carbamazepine (Tegretol®)
- gabapentin (Neurontin®)
- lamotrigine (Lamictal®)
- topiramate (Topamax®)
- midazolam (Versed®)
- droperidol (Inapsin®)

As of July 1, 2009, all dosage forms of these six drugs noted above must be billed fee-for-service. The entire Mental Health Formulary is listed beginning on Page 2.

Maryland Medicaid May Cover up to a 30-day Emergency Supply of Atypical Antipsychotics

When the prescriber is not available to obtain Prior Authorization (PA) for an atypical antipsychotic medication, including those subject to Step Therapy (currently Zyprexa® requires Step Therapy), a one-time only authorization can be obtained to dispense up to a 30-day emergency supply. This policy was previously communicated to you in Advisory #58 on September 26, 2008 and Advisory #65 on April 7, 2009 and it is still 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 process a paid claim for an emergency supply of any 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 to the Maryland Medicaid Pharmacy Program staff.

Responsible use of Intervention and Outcome Codes

ProDUR alerts are designed to prevent and reduce adverse drug effects. Pharmacists are asked to use their best clinical judgment in determining when the prescriber should be consulted and when the "MO" (prescriber consulted) code should be used to process an override. Please be advised that pharmacists should monitor the use of the intervention and outcome override codes by the pharmacy technical staff.

In This Issue

| | |
|--|------------|
| Maryland Medicaid Mental Health Formulary Revisions | 1 |
| Maryland Medicaid May Cover up to a 30-day Emergency Supply of Atypical Antipsychotics | 1 |
| Responsible use of Intervention and Outcome Codes | 1 |
| Maryland Medicaid Mental Health Formulary | 2, 3, 4, 5 |
| Generic vs. Brand Status on MD's Preferred Drug List | 6 |
| Drug's Rebate Status, DESI Designation and Obsolete Date | 7 |
| Pharmacy Briefs | 8 |

Maryland Medicaid Mental Health Formulary

Listed on the following pages are mental health drugs which are carved out of the Managed Care Organization (MCO) pharmacy benefit. Some of these drugs are subject to prior authorization requirements of the Preferred Drug List. Refer to <http://www.dhmf.state.md.us/mma/mpap/prefdruglist.html> for a complete listing of all drugs subject to preferred drug list requirements.

All drugs from American Hospital Formulary Service (AHFS) therapeutic classes included in the Mental Health Formulary, including specific drugs that may not be listed below, are carved out of the MCO pharmacy benefit and are payable as fee-for-service through Maryland Medical Assistance, **unless otherwise noted**.

The following seven drugs, which may be used for some mental health indications, are not payable fee-for-service (unless otherwise noted) and are the responsibility of the HealthChoice MCOs for their enrollees, regardless of the prescriber.

| | | |
|---------------------|----------------------|--------------|
| Leuprolide acetate* | Naltrexone | Liothyronine |
| Clonidine | Medroxyprogesterone* | Disulfiram |
| Guanfacine | | |

* When used for the treatment of adult males with certain diagnosed behavioral disorders, these two drugs will be paid fee-for-service, but will require preauthorization (PA) through the University of Maryland School of Pharmacy CAMP program at 410-706-3431.

Please note: Brand drugs which currently do not have a generic equivalent are listed by brand name in italics. Those drugs currently available generically are listed by generic name. All brand drugs, which are available as multi-source generics, require prior approval and completion of a Maryland Medwatch Form unless otherwise noted on the Maryland Medicaid Preferred Drug List. Brand name drugs are in italic print.

| Therapeutic Class | Drug |
|--|---|
| Anticholinergic Agents AHFS Class No. 283608 | benztropine <i>Kemadrin</i> trihexyphenidyl |
| Benzodiazepines (Anticonvulsants) AHFS Class No. 281208 | <i>clonazepam</i> |
| Miscellaneous Anticonvulsants AHFS Class No. 281292 | <i>Banzel</i> carbamazepine <i>Felbatol</i> gabapentin <i>Gabitril</i> <i>Keppra XR</i> lamotrigine levetiracetam <i>Lyrica</i> oxcarbazepine <i>Stavzor</i> topiramate valproate/divalproex <i>Vimpat</i> zonisamide |

| Therapeutic Class | Drug |
|--|--|
| Antidepressants AHFS Class No. 281604 | amitriptyline amoxapine <i>Aplenzin</i> bupropion bupropion SR bupropion XL citalopram clomipramine <i>Cymbalta</i> - Clinical criteria apply see http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm desipramine doxepin <i>Effexor XR</i> fluoxetine fluvoxamine imipramine <i>Luvox CR</i> <i>Lexapro</i> maprotiline <i>Marplan</i> mirtazapine mirtazapine Soltab <i>Nardil</i> nefazodone nortriptyline <i>Parnate</i> paroxetine <i>Paxil CR</i> <i>Pexeva</i> <i>Pristiq</i> protriptyline <i>Prozac Weekly</i> <i>Sarafem</i> <i>Savella</i> sertraline <i>Surmontil</i> <i>Symbyax</i> trazodone venlafaxine <i>Venlafaxine ER</i> |

(continued on next page)

| Therapeutic Class | Drug |
|---|--|
| Antipsychotic Agents AHFS Class No. 281608 | <i>Abilify</i> chlorpromazine clozapine <i>FazaClo</i> fluphenazine <i>Geodon</i> haloperidol <i>Invega</i> loxapine <i>Moban</i> <i>Orap</i> perphenazine risperidone <i>Risperdal Consta</i> <i>Risperdal M-Tab</i> <i>Seroquel</i> <i>Seroquel XR</i> <i>Symbyax</i> thioridazine thiothixene trifluoperazine <i>Zyprexa</i> - Clinical criteria apply see http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm <i>Zyprexa Zydis</i> - Clinical criteria apply see http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm |
| Amphetamines AHFS Class No. 282004 | amphetamine/dextroamphetamine XR amphetamine <i>Desoxyn</i> dextroamphetamine methamphetamine <i>Vyvanse</i> |
| Anorexigenic Agents and Respiratory and Cerebral Stimulants (Anorexigenic Agents are not covered) AHFS Class No. 282092 | <i>Concerta</i> <i>Daytrana</i> <i>Focalin</i> <i>Focalin XR</i> <i>Metadate CD</i> methylphenidate <i>Provigil</i> <i>Ritalin LA</i> |

(continued on next page)

| Therapeutic Class | Drug |
|---|---|
| Anxiolytics, Sedatives and Hypnotics – Benzodiazepines AHFS Class No. 282408 | alprazolam chlordiazepoxide clorazepate <i>Diastat</i> diazepam <i>Doral</i> estazolam flurazepam lorazepam midazolam oxazepam <i>Restoril 7.5 mg</i> <i>Restoril 22.5 mg</i> temazepam triazolam |
| <i>Miscellaneous Anxiolytics, Sedatives and Hypnotics</i> <i>AHFS Class No. 282492</i> | <i>Ambien CR</i> buspirone chloral hydrate droperidol hydroxyzine <i>Lunesta</i> meprobamate <i>Rozerem</i> zaleplon zolpidem <i>Zolpimist</i> |
| Antimanic Agents AHFS Class No. 282800 | lithium |
| Central Nervous Systems Agents Misc. AHFS Class No. 289200 | <i>Strattera</i> – Clinical criteria apply see http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm <i>Strattera</i> is the only drug carved out fee-for-service in this AHFS drug class. |
| MAO Inhibitors AHFS Class No. 283632 | <i>Emsam</i> <i>Emsam</i> is the only drug carved out fee-for-service in this AHFS drug class |



The Maryland Medicaid Pharmacy Program Preferred Drug List (PDL) is included on Epocrates. Visit www.epocrates.com and click on "Epocrates Online" or "My Account" to register for your free Epocrates online account. Access to Epocrates is available on line through you personal computer or from a smart phone. The PDL is updated weekly.

Generic vs. Brand Status on Maryland's Preferred Drug List

Maryland Medicaid's Preferred Drug List, encompassing about 1000 drugs, covers most of the generic versions of preferred multisource brand drugs without any type of prior authorization. To obtain authorization for the Brand name drug, the prescriber must complete a MedWatch form (<http://www.dbmb.state.md.us/mma/mpap/medwatch.htm>) and submit it to the State. The State's clinical pharmacists will review the MedWatch in the context of the patient's medication history and may approve or disapprove the request for the Brand name drug. The State will then forward the MedWatch to the FDA.

Not All Generics are Preferred

In order for the State to enhance the benefit of the PDL, in some instances the multisource brand name drug is Preferred because it is less costly than its generic counterpart. This happens most often in cases of newly released generics. When manufacturer rebates are taken into consideration, the brand name drug has a lower net cost to the State.

When the brand name drug is Preferred, no MedWatch form or prior authorization is needed. If any problems are encountered during the on-line claim adjudication of Preferred Brands, contact ACS 24-hour Help Desk at 800-932-3918 for additional system overrides related to the use of the correct DAW code.

The generic non-preferred exceptions as of April 1, 2009 are as follows:

Non-Preferred Generic

calcium acetate
finasteride
amphetamine salt combo XR
sumatriptan
fentanyl patch
oxcarbazepine
levetiracetam

Equivalent Brand is Preferred (no MedWatch form required)

PhosLo (Preferred)
Proscar (Preferred)
Adderall XR (Preferred)
Imitrex (Preferred)
Duragesic (Preferred)
Trileptal (Preferred)
Keppra (Preferred)

Non-Preferred Generic

galatamine
oxycodone ER
fentanyl buccal(subject to clinical PA)
oxycodone/ibuprofen
ciprofloxacin ER
ofloxacin
granisetron
pantoprazole
albuterol/ipratopium neb

Equivalent Brand is also non-preferred

Razadyne (non-preferred)
Oxycontin (non-preferred)
Actiq (non-preferred)
Combunox (non-preferred)
Cipro ER (non-preferred)
Floxin (non-preferred)
Kytril (non-preferred)
Protonix (non-preferred)
Duoneb (non-preferred)

Preferred generics

divalproex
divalproex ER
lamotrigine
dorzolamide-timolol eye drops
dorzolamide eye drops
tinidazole

Equivalent Brand is Preferred (no MedWatch form required)

Depakote (Preferred)
Depakote ER (Preferred)
Lamictal (Preferred)
Copsopt (Preferred)
Trusopt (Preferred)
Tindamax (Preferred)

Please maintain this for a reference together with any updates that follow. This information is available at www.epocrates.com on your desktop computer or PDA/Smartphone. Epocrates is updated weekly.

Drug's Rebate Status, DESI Designation and Obsolete Date

Effective May 6, 2009, the following Maryland Pharmacy Programs: Maryland Medicaid (MA), Kidney Disease Program (KDP), Breast and Cervical Cancer Diagnosis and Testing Program (BCCDT) and Maryland Aids Drug Assistance Program (MADAP) implemented some changes in how drugs are designated. Data in the point of sale electronic claims processing system about each drug NDC's federal rebate status, Drug Efficacy Study Implementation (DESI) designation and termination date is now being obtained from the Centers for Medicare and Medicaid Services (CMS). Previously, First Data Bank provided this data. Using CMS as the source assures that a drug's status is up-dated in a more timely fashion. Maryland Medicaid is adding some exception codes, based on the information from CMS, to deny claims for non-rebatable drugs, drugs that have been classified with less than effective DESI status and obsolete drugs. These new codes, shown in the following table, are more specific and accurate. One of the exception codes previously used (4117) is being retired.

| Issue | Exception Code | NCPDP Reject Code | NCPDP Text | Short Description | Long Description |
|--------------|----------------|-------------------|--------------------------------|--------------------------------|--|
| Rebate | 4102 | 70 | Product not covered | No rebate for NDC per CMS | The NDC is determined to have no federal rebate, and Medicaid is, with a few specific exceptions, not permitted to cover drugs not included in a signed rebate agreement in place as of the date of service. |
| Rebate | 4617 | AC | Product not covered | Non-participating manufacturer | No CMS/Labeler rebate contract |
| NDC Obsolete | 4173 | 77 | Discontinued Product ID Number | Discontinued NDC number HCFA | Code posts whenever the date of service is later than the FDA's obsolete date. |
| DESI | 4113 | 70 | Product Not Covered | DESI per CMS or FDB | NDC is deemed less than effective by CMS or FDB and the Plan does not cover DESI drugs. |
| DESI | 4137 | 70 | Product Not Covered | DESI per FDA | NDC is deemed less than effective by FDA. FDA DESI code = 5 |

Pharmacy Briefs


Maryland Medicaid Pharmacy Program Website

The MMPP website can be found at <http://www.dbmb.state.md.us/mma/mpap/>. The MMPP has also developed another website which contains other information regarding the Pharmacy Program, including past issues of the Pharmacy Newsletter, links to Advisories, Transmittals, the PDL, MCO Formularies listings on Epocrates and information regarding continuing education programs. The website can be viewed at www.marylandmedicaidpharmacyinformation.com.

DHMH E-mail "Advisory"

The MMPP utilizes an e-mail notification service called an "Advisory" to give the pharmacy community important timely information. If you are currently not receiving e-mail Advisories through a pharmacy organization you belong to, please contact the MMPP representative at 410-767-1455.

PRESORTED
FIRST CLASS
U.S. POSTAGE
PAID
PERMIT #163
ANNAPOLIS, MD



Maryland Department of Health and Mental Hygiene
Office of Systems, Operations & Pharmacy

Maryland Medicaid Pharmacy Program
201 West Preston Street, 4th Floor
Baltimore, Maryland 21201
410-767-1455

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

STAFF:
Eva Carey-Brown, DHMH
Megan Shook, DHMH
Jessica Walker, PharmD
of Health Information Designs, Inc.

