Maryland Medicaid Pharmacy Program

Pharmacy News&Views

May 2010

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

The Maryland Medicaid Pharmacy Program's Preferred Drug List (PDL) was updated on April 1, 2010. The Antipsychotics Drug Class now includes 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 are now 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 PA from the prescriber. Zyprexa®, Zyprexa® IM and Abilify® are Tier 2 drugs. Non-preferred atypical antipsychotics require PA and include Invega®, Invega® Sustena™, Risperdal® Consta®, Saphris®, 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 1. Tier 1 drugs do not require PA. Normally the prescriber can obtain 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 #71 on September 30, 2009 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 process a paid claim for an emergency supply of an atypical antipsychotic requiring 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 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.

Dose Optimization Limitations for Mental Health Medications

Only the doses noted with limits on the table on Page 2 are subject to the dose optimization criteria. Those doses of the products, that do not have any quantity limitations, are also listed. These limits are based on the manufacturers' recommended dosing found in the product labeling. A patient is limited to the following quantities for the specific time-period noted.

Exceptions to these limits for clinical reasons, if in the best interest of the patient, can be obtained. A prior authorization form for obtaining quantities in excess of those listed can be found at *http://www.dhmh.state. md.us/mma/mpap/forms.htm* or by calling the point of sale claims processor at (800) 932-3918. *(See chart on Page 2)*

In This Issue

Dose Optimization Limitations for Mental Health Medications

Drug	Strength	Doses per day	Quantity limitations per month supply[1]
Abilify®	2mg	4 tablets	136 tablets
Abilify®	5mg; 10mg; 15mg	1 tablet	34 tablets
Geodon®	20mg; 40mg	2 capsules	68 capsules
Invega®	3mg; 6mg; 9mg	1 tablet	34 tablets
Lyrica®	25mg; 50mg; 75mg; 100mg; 150mg	3 tablets	102 tablets
risperidone (Risperdal®)	0.25mg; 0.5mg; 1mg; 2mg	2 tablets	68 tablets
Risperdal Consta®	All strengths	Inject biweekly	2 syringes every 20 days
Seroquel®	25mg	4 tablets	136 tablets
Seroquel® XR	200mg	1 tablet	34 tablets
Zyprexa®	2.5mg; 5mg; 7.5mg	1 tablet	34 tablets
Symbyax®	3-25; 6-25	1 tablet	34 tablets
Zyprexa Zydis®	5mg	1 tablet	34 tablets
Abilify®	20mg; 30mg	No limits in place	
Geodon®	60mg; 80mg	No limits in place	
Lyrica®	200mg; 225mg; 300mg	No limits in place	
Risperdal®	3mg; 4mg	No limits in place	
Seroquel®	50mg; 100mg; 200mg; 300mg; 400mg	No limits in place[2]	
Symbyax®	6-50; 12-25; 12-50	No limits in place	
Zyprexa®	10mg; 15mg; 20mg	No limits in place[2]	
Zyprexa Zydis®	10mg; 15mg; 20mg	No limits in place[2]	

[1] Dose optimization limits apply to patients age 16 and older. There is no prior authorization requirement for children under 16. However, providers are strongly encouraged to optimize dosing where indicated.

[2] Providers are strongly encouraged to optimize dosing where indicated.

Effective Handling of Claim Rejections

Pharmacies can call the technical assistance line to obtain information about days supply or quantity limits or for a PA (Prior Authorization) if you are experiencing supply problems for the drug. If a Maryland Medicaid Pharmacy claim is denied with a message "PA required" please do not tell recipients to call Medicaid. Instead, please read the denial message carefully to determine whether your staff needs to notify the prescriber (e.g. for PA's related to non-preferred drugs), or whether they should call the Maryland Medicaid Pharmacy Program technical help line (800-932-3918).

When a "Product not covered" rejection comes from a HealthChoice managed care organization (MCO), such as Priority Partners, UnitedHealthcare, Maryland Physicians Care, Amerigroup etc. it is reasonable to try redirecting those claims to Maryland Medicaid **if they are for mental health and/or HIV/AIDS medications.** However, if the medication is not a mental health or HIV/AIDS drug, then pharmacy staff or the prescriber must investigate the MCO's formulary or contact the MCO's PBM directly. Again, please do not tell the patient to contact the Maryland Medicaid Pharmacy Program.

Coverage for Over-The-Counter (OTC) Pharmacy Products

The Maryland Medicaid Pharmacy Program will cover the following federally rebatable OTC products when a recipient presents a prescription written by an authorized prescriber:

- minimally-sedating antihistamines (e.g. cetirizine, loratidine)
- minimally sedating antihistamine/decongestant (e,g, cetirizine-D, loratidine-D)
- enteric coated aspirin when prescribed for the treatment of arthritic conditions as certified on the prescription in the prescriber's own handwriting or by the dispenser after consultation with the prescriber, and at least 250 tablets of 325 milligrams each, whether for initial prescriptions or refills.
- clotrimazole (topical antifungal)
- ergocalciferol liquid (vitamin D)
- ferrous sulfate (in forms specified in Code of Maryland Regulations 10.09.03.04 A 8&9)
- ibuprofen (200mg)
- insulin (non-legend)
- ketotifen (ophthalmic antihistamine and mast cell stabilizer)
- miconazole (topical antifungal)
- omeprazole OTC
- permethrin (topical antiparasitic)
- terbinafine (topical antifungal)
- tolnaftate (topical antifungal)

The program also covers the following OTC products without a prescription:
Condoms (subject to limitations in Code of Maryland Regulations 10.09.03.05 C 7)
Plan B (for females age 17 and older, limit - one prescription every 90 days)

Specific codes for these products can be found in the Provider Manual on page 41 at
http://www.mdrxprograms.com/docs/common/Maryland%20Pharmacy%20Program%20 Provider%20Manual.doc.

Responses to Drug Utilization Review (DUR) Letters

The MMPP sends out educational intervention letters to prescribers and pharmacy providers on an ongoing basis. These letters are sent to inform providers of specific patients who may be utilizing multiple prescribers and pharmacy providers to obtain prescriptions for controlled substances. Other DUR interventions are conducted on a routine basis as well, and include alerting providers to patients who may be non-adherent to prescribed therapy, and those that may be at risk for drug-drug or drug-disease interactions.

The letters are educational and informational in nature and are sent along with a provider response form. Please make every effort to intervene with the patients addressed in the letters and respond to these letters since your response helps to improve patient outcomes and improve the DUR program. Thank you for your professional consideration.

Not All Generics are Preferred

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. In order for the State to enhance the benefit of the PDL, in some instances the multisource brand name drug is Preferred over its generic equivalents, because the branded drug 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. Enter a DAW code of 6 on the claim to have it correctly priced.

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 (for example, if there is other insurance).

The generic non-preferred exceptions as of April 1, 2010 are as follows:

Non-Preferred Generics	Status of Equivalent Brands
calcitonin salmon	Miacalcin® (Preferred)
calcium acetate	PhosLo® (Preferred)
clindamycin-benzoyl peroxide	Benzaclin® (Preferred)
cyclosporine	Sandimmune® (Preferred)
dorzolomide/timolol	Cosopt® (Preferred)
dorzolamide	Trusopt® (preferred)
dronabinol	Marinol® (Preferred)
finasteride	Proscar® (Preferred)
malathion crème rinse	Ovide® (Preferred)
sumatriptan	Imitrex® (Preferred)
tacrolimus	Prograf® (Preferred)
tinidazole	Tindamax® (Preferred)
tranylcypromine	Parnate® (Preferred)

In the following instances, both the multisource brand and the generic are preferred.

Preferred generics	(Brand also Preferred- no MedWatch form required)
amlodipine/benazapril	Lotrel®
cyclosporine modified	Neoral®
divalproex sprinkles	Depakote® Sprinkles
dexmethylphenidate	Focalin®
metaprolol succinate ER	Toprol XL®
mycophenylate mofetil	CellCept®

Physician Rubber Stamped Signatures on Claims for Medicaid Recipients

COMAR 10.09.03.01 defines a prescription as **"an original order signed by the prescriber".** Furthermore, the Maryland Board of Pharmacy does not recognize a prescription or prescription order with a rubber stamped signature of the prescriber as valid.

Therefore, the Maryland Medicaid Pharmacy Program (MMPP) considers any prescription claim submitted for payment with a rubber stamped signature of the prescriber as invalid and not reimbursable under current State regulations. MMPP and the Office of Inspector General will be auditing pre-scriptions to verify that they are not signed using a rubber stamp. Those prescriptions found to have been signed using a rubber stamp, will be reversed and all funds paid to the pharmacy provider will be recovered. In the event that the recipient presents to you a prescription with a rubber stamped signature of the prescriber, you should contact the prescriber to verify the prescription. Note this on the prescription where it can be viewed for an audit, front or back as your system allows. As always, you can dispense a 72-hour emergency supply, if necessary.

Maryland Medicaid ■ HealthChoice & Primary Adult Care (PAC) Programs

Pharmacy Benefit Managers Phone Numbers For Managed Care Organizations

Managed Care Organization (MCO)	Pharmacy Benefit Manager	Hours of Operation for Pharmacy Benefit Manager	Phone Number for Pharmacy Providers	Phone Number for Physician Providers
AMERIGROUP Community Care*	Caremark, Inc.	24 hours — 7 days per week	1-800-345-5413	AMERIGROUP Pharmacy Department 1-800-454-3730 Mon - Fri 8:00 am - 7:00 pm ** Saturday 10:00 am - 2:00 pm 24 hour Nurse is available after hours
Diamond Plan from Coventry Health Care	Medco, Inc.	24 hours — 7 days per week	1-800-922-1557	Diamond Plan Prior Authorization Unit 1-877-215-4100 Mon - Fri 8:30 am - 6:00 pm EST Except Holidays
Jai Medical Systems*	BioScrip	24 hours - 7 days per week	1-800-213-5640	BioScrip Prior Authorization Desk 1-800-555-8513
Maryland Physicians Care*	Express Scripts, Inc.	7:00 am - 7:00 pm	1-800-235-4357	1-800-235-4357
MedStar Family Choice	Caremark, Inc.	24 hours - 7 days per week	1-800-345-5413	MedStar Family Choice 410-933-2200 or 1-800-905-1722 Mon - Fri 8:30 am - 5:00 pm**
Priority Partners*	Caremark, Inc.	24 hours - 7 days per week	1-800-345-5413	Priority Partners 1-888-819-1043 Mon - Fri 8:00 am - 5:00 pm **
UnitedHealthcare*	Prescription Solutions	24 hours - 7 days per week	1-888-306-3243	1-800-310-6826 Physician Prior Authorization Phone Unit 24 hours –7 days per week

*MCOs with HealthChoice & PAC enrollees.
** Per Caremark - they only handle calls from pharmacists, therefore, MCO information has been included for physician questions.

Call the HealthChoice/PAC Eligibility Verification System (EVS) at 1-866-710-1447 (24 hours/7 days)
For PAC General Information call 1-800-226-2142 (Monday – Friday 8:00 AM to 4:30 PM)
Provider inquiries/complaints – HealthChoice/PAC Provider Hotline 1-800-766-8692, Option 5
Recipient inquiries/complaints – HealthChoice/PAC Enrollee Action Line 1-800-284-4510, Option 2 for HealthChoice, Option 3 for PAC

At the time of printing, the information and phone numbers listed are correct.
This chart will be updated as changes are received.
Division of Clinical Pharmacy Services – Updated March 2010
Refer to http://www.marylandmedicaidpharmacyinformation.com/ for future updates

Verification of Suboxone® Prescribers

Physicians must include their Drug Addiction Treatment Act of 2000 (DATA 2000) waiver "X" identification number on prescriptions for opioid addiction treatment medications including Suboxone® and Subutex®. Their DEA registration number and their "X" number must both be noted on the prescription. At this time, the "X" number does not need to be transmitted with the claim. However, for auditing purposes it must be noted on the prescription, otherwise reimbursement for claims will be subject to recoupment.

The buprenorphine physician locator web site at *http://buprenorphine.samhsa.gov/bwns_locator/index.html* lists physicians in each State who have "X" numbers. However, the site does not list every physician with a valid waiver, only those who have agreed to be listed on the site. A pharmacist desiring to verify that a physician who is not listed on the site has a valid "X" number can contact the Substance Abuse and Mental Health Services Administration (SAMHSA) at 1-866-287-2728 or by e-mail at *info@buprenorphine.samhsa.gov.*

HealthChoice Formularies and Maryland Medicaid Preferred Drug List (PDL) Listed on Epocrates®

All HealthChoice MCO and Primary Adult Care (PAC) formularies, as well as the Maryland Medicaid PDL, are available on the Epocrates® system which is accessible from a desktop or laptop computer, smart phone or PDA device. Epocrates® will be updated monthly with MCO formulary changes and any Fee-For-Service PDL changes. The Epocrates® Online service is free to all physicians, other prescribers, pharmacists and healthcare providers.

Coverage status of each drug is listed along with contact information and comments for each drug, including if prior authorization is required or quantity limits are in place.

The free system also provides drug label information and a drug-drug interaction checker.

To register for Epocrates®, visit *www.epocrates. com.* Click on "Epocrates Online" in the upper right corner of the page and follow the registration prompts.

National Provider Identifier (NPI) Registry Search

The Centers for Medicare & Medicaid Services (CMS) has developed the National Plan and Provider Enumeration System (NPPES) to assign NPI numbers to providers. An NPI number for an individual provider can be found by accessing the NPPES website: *https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome. do.* Searches can be performed by provider name, address, city or state.

Updated Maryland Medicaid Preferred Drug List

Effective April 1, 2010 the Maryland Medicaid Preferred Drug List (PDL) was updated. Several changes were made to the list of preferred drugs which can be found at *http:// www.dhmh.state.md.us/mma/mpap/prefdrug-list.html*

Please direct any questions to the Maryland Medicaid Pharmacy Program at 410-767-1455.

Responsible Use of Intervention Codes

As the community pharmacist is well aware, the Maryland Medicaid Pharmacy Program (MMPP) performs a prospective drug utilization review (ProDUR) on each submitted claim. ProDUR alerts are designed to prevent and reduce adverse drug effects. They do so by identifying conflicts in drug therapy including therapeutic duplication, drug-drug interactions, and high doses. Claims can be overridden when the prescriber has been consulted (MO code), the pharmacist has reviewed the profile (RO code), or the pharmacist counsels the patient (PO code). If you have a question about a particular prospective DUR alert contact the ACS help desk at 800-932-3918.

The MMPP relies on the pharmacist to use his or her best clinical judgment in determining when the prescriber should be consulted. The MMPP continues to evaluate therapeutic duplication alerts that are overridden by the pharmacist. The majority of override codes indicated that the prescriber was consulted (claims overridden with the MO code). The MO code should only be used when the prescriber is consulted. Be advised that the MMPP counts on the pharmacist to use the intervention codes responsibly and to monitor their use by the pharmacy technical staff.

Transfer of Medicaid Prescriptions

Current regulations do not allow for the transfer of prescriptions filled Fee-For-Service for Medicaid recipients. This includes all prescriptions for Fee-For-Service patients and those prescriptions for HealthChoice and PAC managed care patients for carved out antiretroviral and mental health agents. The regulations can be found under COMAR 10.09.03.05C(2)(c) and are noted below.

COMAR 10.09.03.05C(2)(c)
2) Refills.
 (a) The prescriber shall authorize refills on the original prescription.
 (b) The Program will authorize no more than 11 refills, not to exceed other applicable federal and State limitations.
 (c) Only the original provider may dispense refills.

Maryland Medicaid Pharmacy Preauthorization Forms

Prior Authorization Forms can be found at the following webpage:
http://www.dhmh.state.md.us/mma/mpap/forms.htm
These forms are easy to download in PDF format and have instructions regarding how to submit them via fax.
For additional information contact the help desk at 800-932-3918.

Preferrd Drug List Forms

PDL Prior Authorization Request Fax Form
PDL Medication Change Fax Form

Specialty Forms

Fentanyl buccal Pre-authorization form

Antimigraine (Triptan) Quantity Override Pre-Authorization

Atypical Antipsychotic Quantity Override Pre-Authorization

Dose Optimization Limitations for Mental Health Medications

Botox® or Myobic® Prior Authorization (not for cosmetic use)

Growth Hormone (GH) Pre-Authorization Request Form

Kuvan® Pre-Authorization Request
(DHMH) Medwatch Form
Instructions for Completeing Medwatch Form

Nutritional Supplement Clinical PA Request (or Statement of Medical Necessity, Form DHMH3495)

Provider Notification of Approval/Rejection of Nutritional Supplement Requests (Form DHMH3495B)

Nutritional Supplement Service PA or On-Line Override Requests (Form DHMH3495C)

Orafadin® Pre-Authorization Request
Pre-Authorization Request for the oral phosphodiesterase 5 (PDE5) inhibitors used for Pulmonary Arterial Hypertension (PAH) Pre-Authorization Form

Revlimid™ (lenalidomide) Pre-Authorization Form

Serostim® Treatment of AIDS Wasting Syndrome

Synagis® (palivizumab) Memo 2009 Season

Synagis® (palivizumab) Prescriber's Statement of Medical Necessity

Synagis® (palivizumab) Service Prior Authorization

Pharmacy Compounding

April 12, 2007 Memo New Billing Procedures for Home Intravenous Infusion Therapy (HIT)
Standard Invoice and Instructions for Completing Invoice for all IV Compounds
On-line Billing Instructions for Compounded Home Intravenous Therapy (HIT) Claims

Clotting Factor and High-Cost Drugs

Clotting Factor Standard Invoice
Clotting Factor Dispensing Record
Recipient-Kept Factor Infusion Log
High Cost Drug Preauthorization
High Cost Drug Pharmacist Dispensing Record
High Cost Drug Standard Invoice and Billing Instructions

TELEPHONE NUMBERS

ACS Technical Assistance and Preauthorizations
1-800-932-3918
24 hours a day, 7 days a week

Maryland Medicaid Pharmacy Access Hotline
1-800-492-5231 *(select option three)*
Monday–Friday, 8:00 am to 5:00 pm

Kidney Disease Program
1-410-767-5000 or 5002
Monday–Friday, 8:00 am to 5:00 pm

Breast & Cervical Cancer Diagnosis and Treatment
1-410-767-6787
Monday–Friday, 8:00 am to 4:30 pm

Maryland AIDS Drug Assistance Program
1-410-767-6535
Monday–Friday, 8:30 am to 4:30 pm

Advisory Keeps You in the Know

Get the latest updates regarding pharmacy issues through the Maryland Medicaid Pharmacy Program (MMPP) e-mail notification service. Called the *Advisory,* these communications provide the pharmacy community with the most up-to-date information. Please contact the MMPP representative at 410-767-1455 if you are currently not receiving e-mail *Advisories* through a pharmacy organization to which you belong.

Find It On the Web

The Maryland Medicaid Pharmacy Program's Preferred Drug List (PDL) is included on Epocrates and updated weekly. Visit *www.epocrates.com* and click on "Epocrates Online" or "My Account" to register for your free online account.

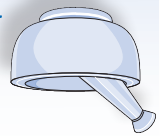The Maryland Medicaid Pharmacy Program (MMPP) has developed a website which contains a variety of information regarding the Pharmacy Program for easy reference. The website includes past issues of the *Pharmacy News & Views* newsletter, links to Advisories, Transmittals, the PDL, Epocrates, and information regarding continuing education programs. This website can be viewed at: *www. marylandmedicaidpharmacyinformation.com.* The MMPP website is at *http://www.dhmh.state.md.us/mma/mpap/.*