



STATE OF MARYLAND
DHMH

Office of Systems, Operations & Pharmacy
 Maryland Medicaid Pharmacy Program

Maryland Department of Health and Mental Hygiene
 201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Managed Care Organization Transmittal No. 103
Pharmacy Transmittal No. 201
December 15, 2014

TO: MCOs and Pharmacies

FROM: Susan J. Tucker, Executive Director, Office of Health Services
 Keith Sewell, Executive Director, Office of Systems, Operations and Pharmacy

RE: Carve-out of Substance Use Disorder (SUD) Medications

NOTE: Please ensure that the appropriate staff members in your organization are informed of the content of this transmittal.

Substance Use Disorder (SUD) Medication Carve-Out Effective January 1, 2015

The drugs listed in the table below are included in the SUD carve-out.

Substance Use Disorder Medications	
acamprosate (Campral®)	nicotine patch
buprenorphine (Subutex®)	nicotine gum
buprenorphine/naloxone tablets (Suboxone®)	nicotine lozenge
Chantix®	Nicotrol® nasal spray
disulfiram (Antabuse®)	Nicotrol® inhaler
Evzio®	Suboxone® film
naloxone (Narcan®)	Vivitrol®
naltrexone (Revia®)	Zubsolv®

Information for the Prescriber:

Some of the SUD medications are listed on the fee-for-service (FFS) preferred drug list as preferred. Preferred drugs do not require preauthorization (PA). If a patient is currently prescribed a non-preferred agent, the prescriber will need to write or call in a new prescription to switch the patient to

Toll Free 1-877-4MD-DHMH • TTY for Disabled - Maryland Relay Service 1-800-735-2258

Web Site: www.dhmh.maryland.gov

the preferred drug. Alternatively, the prescriber may obtain a PA for the non-preferred agent by calling [800-932-3918](tel:800-932-3918) or submitting a completed PA form via fax to [866-440-9345](tel:866-440-9345).

Currently most of the MCOs cover the generic version of Suboxone tablets on their formulary, whereas **FFS has Suboxone Film as preferred** on our Preferred Drug List (PDL), which may result in denial of prescriptions for Suboxone tablets and require a prior authorization by the prescriber. In order for your patients to have a smooth transition, we are requesting that if you currently have patients on the Suboxone tablets who may need to refill their prescriptions on or any time after January 1, 2015, to **consider prescribing the Suboxone film, to avoid future denial of the prescription** due to the FFS PDL prior authorization requirement.

Information for the pharmacist/pharmacy:

SUD prescriptions with a date-of-service on or after January 1, 2015 will be carved-out of the HealthChoice managed care benefit and must be billed fee-for-service (BIN 610084, PCN DRMDPROD, Group ID MDMEDICAID). After December 31, 2014, do not bill any SUD carved out medications to the HealthChoice Managed Care Organizations (MCOs) or their Pharmacy Benefit Managers (PBMs). Claims should be processed fee-for-service, just as claims for other carved-out drugs, such as mental health and HIV/AIDS drugs.

This transmittal is to inform you of changes to the Maryland Medicaid Pharmacy Program. If you have any questions, call 800-492-5231 (select option 3).

Resources:

MMPP's FFS Preferred Drug List at the following website:

<https://mmcp.dhmh.maryland.gov/pap/SitePages/druglist.aspx>

Medicaid Pharmacy Program Advisory:

<https://mmcp.dhmh.maryland.gov/pap/SitePages/Provider%20Advisories.aspx>

The Clinical Criteria for the Substance Use Disorder (SUD) medications:

[https://mmcp.dhmh.maryland.gov/pap/docs/Substance%20Use%20Disorder%20%20Medication%20Clinical%20Criteria%20Final%20Dec%205%2014%20\(1\).pdf](https://mmcp.dhmh.maryland.gov/pap/docs/Substance%20Use%20Disorder%20%20Medication%20Clinical%20Criteria%20Final%20Dec%205%2014%20(1).pdf)

The clinical criteria for medications at the link below:

<https://mmcp.dhmh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx>