



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.*

- **Atypical Antipsychotics Added to the Maryland Preferred Drug List**
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Atypical Antipsychotics Added to the Maryland Preferred Drug List

As of January 1, 2008 the class of drugs known as atypical antipsychotic agents will be added to the Maryland Medicaid Preferred Drug List. All atypical antipsychotic agents will be listed as preferred drugs. Generally, under the Preferred Drug List, preferred drugs do not require preauthorization; however, Zyprexa[®] is an exception. It is subject to step therapy. If step therapy is not followed, a preauthorization is required. Zyprexa[®] has been designated a Tier Two drug because of its potential for adverse metabolic effects, including diabetes control. The U.S. Food and Drug Administration recently required the manufacturer of Zyprexa[®] to include additional warnings in the drug labeling as a result of its potential to cause hyperglycemia, hyperlipidemia and weight gain. Below are the step therapy criteria for Zyprexa[®].

Zyprexa[®] Step Therapy

In light of the FDA warning about Zyprexa's[®] metabolic affects, step therapy criteria will be required for its use beginning January 1, 2008. Six weeks of therapy with another atypical antipsychotic agent (Tier One drug) will be necessary prior to beginning therapy with Zyprexa[®] (Tier Two drug). However, patients who have been taking Zyprexa[®] covered by Medicaid will be able to continue on their therapy without any prior authorization requirements. Prior authorization for initiation of Zyprexa[®] as first line therapy is available when the prescriber calls 800-932-3918 for a preauthorization. Patients just starting on Medicaid or those leaving an institution, such as a hospital, who have been taking Zyprexa[®] or using non-Medical Assistance for the payment of prescription drugs will not be able to continue on Zyprexa[®] under the Maryland Medicaid Pharmacy Program without their prescriber first obtaining a prior authorization. If, however, the recipient had previously received the drug under the Maryland Medicaid Pharmacy Program, before entering the institution, and within the past 90 days, preauthorization will not be necessary.

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 prior authorization. It would be beneficial if the pharmacist would advise the prescriber of the alternative drugs that are Tier One. At this time, it would be any other atypical antipsychotic agent. Tier One drugs do not require preauthorization. Normally the prescriber can obtain preauthorization with a phone call.

Emergency Supply of Zyprexa[®]

Pharmacies may request authorization to dispense a one time 30-day emergency supply of Zyprexa[®], if the prescriber is unavailable to either change the medication or obtain preauthorization. It may be necessary to dispense an emergency supply if prescribers have failed to request preauthorizations and are not available to do so within a reasonable period of time. Since Zyprexa[®] will be a Tier Two drug, it will not be available to a recipient, unless a Tier One drug has been previously prescribed for at least six weeks of therapy.

Pharmacists should use their professional judgment in determining whether the prescription is needed on an emergency basis. The recipient may present mobility or transportation issues that make returning to the pharmacy very difficult or expensive. The pharmacist should take this factor into consideration when deciding whether or not to request authorization for an emergency supply. The 24/7-telephone number to call is 800-932-3918.

After the initial 30 days emergency use of an atypical antipsychotic non-preferred or Tier Two agent, prior authorization will be required for the patient to continue on the drug. The pharmacist is to contact the prescriber to obtain prior authorization before the 30-day emergency supply of the medication is completely utilized by the patient. After prior authorization has been established, the pharmacist may dispense any refills that may be authorized.

Carve-Out of Antiretroviral Drugs

Beginning January 1, 2008 all antiretroviral medications 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 that date, do not bill any antiretroviral 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 drugs, are currently billed. This is how antiretrovirals are currently adjudicated for Primary Adult Care (PAC) recipients at this time.

Claims for other medications, except those already carved-out, should continue to be billed to the MCOs or their PBMs. This includes antibiotics associated with treatment of secondary infections in HIV/AIDS patients. Only the antiretroviral medications should be added to the carved-out fee-for-service list. A \$1.00 co-pay will be associated with claims for antiretroviral therapy except for the groups listed below and PAC recipients. The PAC recipients will continue to be assessed a co-payment of \$2.50 or \$7.50 depending whether the drugs are generic or brand respectively. Please note that some of the recipients who will be receiving antiretrovirals did not previously have a co-payment. No co-payment is required if the patient is:

- Younger than 21 years old,
- Pregnant, or
- An inpatient in a long-term care facility.

Except for PAC recipients, the drug must be dispensed whether or not the recipient can afford the co-payment. If you have any questions, call 410-767-5878.

Refills of Controlled Substances

It is important to keep in mind that the Maryland Medical Assistance Program limits the days supply of Schedule-II drugs to 34 days. This is brought to your attention in light of a recent ruling by the U.S. Drug Enforcement Administration (DEA). The DEA now allows prescribers to write multiple Schedule-II prescription orders on the same day, for the same patient and drug, ordering up to a 90-day supply. DEA requires that the individual practitioner provide written instructions on each prescription order (other than the first) indicating the earliest date on which a pharmacy may fill each prescription.

Neither the DEA, the Maryland Board of Pharmacy nor Maryland Drug Control limit the allowed quantity for Schedule II drugs. However, the Maryland Medicaid Pharmacy Program has a limit of 300 dosage units without prior authorization. DEA rules do not allow " Postdating". Prescription orders are to be dated and signed the same date that they are issued. Prescribers must indicate on

each order the earliest date each prescription may be filled. In contrast, Maryland Medicaid prescriptions for all Schedule II drugs must be filled within 30 days of the date written and are limited to a 34-day supply.

Partial filling is allowed ONLY for terminally ill or long-term care (LTC) facility patients. Be sure to state "terminally ill" or "LTC" on the prescription order. For each partial filling, document the date, quantity dispensed, remaining quantity and initial. You may partially fill other Schedule-II prescriptions if you don't have the full amount on-hand. Note the quantity supplied on the prescription order, but keep in mind if you do not dispense the rest in 72 hours, you will need a new prescription order for the remainder of the prescription,

A fax can serve as the original for long-term care and hospice patients receiving opiates or those receiving parenteral opiates. For others, a Schedule II prescription order may be faxed and filled before the patient arrives, BUT you must receive the original before dispensing.

A prescriber can phone-in a Schedule II prescription order in an emergency, but only for the amount needed during the emergency period. Ensure that you get a written, signed prescription order within 7 days of the emergency prescription.

NO changes to a Schedule II prescription orders can be made.

Entering Proper Dates on POS Claims

Please keep in mind that Medicaid claims must be submitted with proper dates. Accurate dates must be in the fields both the date the prescription order was written (date of issue), and the date of service (date filled). Some pharmacy software defaults to the date filled for both fields. This is not acceptable. Prescription orders for non-Schedule II drugs expire after 120 days. Prescription orders that are older than 120 days are invalid.