



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 Medicaid Pharmacy Program (MMPP) has developed the Maryland Medicaid 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 MMPP representative at 410-767-1455.

Changes in Mental Health Drugs Carve-Out Effective March 24, 2011

The Maryland Medicaid Pharmacy Program will handle claims for Kapvay[®] in the same way that it is handling claims for Intuniv[®]. The Maryland Medicaid Mental Health Formulary Managed Care Carve-Out is being modified **effective March 24, 2011**. For Managed Care Organization (MCO) members 6 – 17 years old, Kapvay[®] will be added to the Mental Health Formulary and be billed fee-for-service. For MCO members not in this age range, Kapvay[®] will continue to be part of their respective MCO's pharmacy benefit. Kapvay[®] is an extended release formulation of clonidine that came on the market in late 2010 with an FDA approved indication only for the treatment of ADHD for patients aged 6-17. As in the past, clonidine (Catapres[®]) remains a drug for which coverage is the responsibility of the member's MCO.

Prescriptions for Kapvay[®] for MCO members, ages 6-17 with a date-of-service on or after March 24, 2011 must be billed fee-for-service, (BIN 610084, PCN DRMDPROD, Group ID MDMEDICAID), the same as all of the other drugs in the Mental Health Formulary. Prescriptions for Kapvay[®] for members younger than 6 or older than 17 must be billed to the member's MCO.

- Attached is the complete table showing the American Hospital Formulary Service (AHFS) therapeutic classes included in the Maryland Medicaid Mental Health Formulary Managed Care Carve-Out. Products are listed alphabetically within each AHFS class. The brand name is used when the drug is not generically available.
- Prescribers are advised to consult the Preferred Drug List (PDL) to determine whether it is necessary to obtain a PA if the drug is non-preferred. The PDL is available online at <http://www.dhmh.state.md.us/mma/mpap/druglist.html> or at www.Epocrates.com.
- Questions concerning the Advisory should be directed to the Division of Pharmacy Services at 410-767-1455.

Maryland Medicaid Mental Health Formulary Effective March 24, 2011

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.dhmh.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 leuprolide acetate or medroxyprogesterone are 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.

** Generic guanfacine (Tenex) and clonidine (Catapres) remain drugs for which coverage is the responsibility of the member's Managed Care Organization. For recipients 6 – 17 years old, the extended release form of guanfacine (Intuniv) and clonidine (Kapvay) will be added to the mental health formulary and be billed fee-for-service. For individuals not in this age range, Intuniv and Kapvay will continue to be part of the MCO pharmacy benefit.

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.

Therapeutic Class	Drug
Central Alpha-Agonist AHFS Class No. 240816	<i>Kapvay</i> Kapvay is the only drug carved out fee-for-service (for recipients 6 – 17 years old) in this AHFS drug class
Benzodiazepines (Anticonvulsants) AHFS Class No. 281208	clonazepam
Miscellaneous Anticonvulsants AHFS Class No. 281292	<i>Banzel</i> carbamazepine carbamazepine XR <i>Felbatol</i> gabapentin <i>Gabitril</i> <i>Keppra XR</i> lamotrigine levetiracetam
Miscellaneous Anticonvulsants AHFS Class No. 281292 (continued)	<i>Lyrica</i> oxcarbazepine <i>Sabril</i> <i>Stavzor</i>

	topiramate valproate/divalproex valproate/divalproex ER <i>Vimpat</i> zonisamide
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 nefazodone nortriptyline <i>Parnate</i> paroxetine <i>Paxil CR</i> <i>Pexeva</i> phenelzine <i>Pristiq</i> protriptyline <i>Prozac Weekly</i> <i>Sarafem</i> Sertraline <i>Silenor</i> <i>Surmontil</i> <i>Symbyax</i> trazodone venlafaxine venlafaxine ER capsules <i>Venlafaxine ER tablets</i> <i>Viibryd</i>
Antipsychotic Agents AHFS Class No. 281608 Antipsychotic Agents AHFS Class No. 281608 (continued)	<i>Abilify</i> - Clinical criteria apply see http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm chlorpromazine clozapine <i>Fanapt</i> <i>FazaClo</i> fluphenazine <i>Geodon</i> haloperidol

	<i>Invega</i> <i>Invega Sustenna</i> loxapine <i>Moban</i> <i>Orap</i> perphenazine risperidone <i>Risperdal Consta</i> <i>Risperdal M-Tab</i> <i>Saphris</i> <i>Seroquel</i> <i>Seroquel XR</i> <i>Symbyax</i> thioridazine thiothixene trifluoperazine Zyprexa - Clinical criteria apply see http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm Zyprexa Relprevv - Clinical criteria apply see http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm Zyprexa Zydi s - Clinical criteria apply see http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm
Amphetamines AHFS Class No. 282004	amphetamine <i>Desoxyn</i> dextroamphetamine dextroamphetamine/amphetamine dextroamphetamine/amphetamine XR methamphetamine <i>ProCentra</i> <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> dexmethylphenidate <i>Focalin XR</i> <i>Metadate CD</i> methylphenidate methylphenidate ER <i>Nuvigil</i> <i>Provigil</i> <i>Ritalin LA</i>
Anxiolytics, Sedatives and Hypnotics – Benzodiazepines AHFS Class No. 282408 Anxiolytics, Sedatives and Hypnotics – Benzodiazepines AHFS Class No. 282408 (continued)	alprazolam chlordiazepoxide clorazepate <i>Diastat</i> diazepam <i>Doral</i> estazolam flurazepam lorazepam midazolam oxazepam temazepam triazolam
Miscellaneous Anxiolytics, Sedatives and Hypnotics AHFS Class No. 282492	buspirone chloral hydrate droperidol

	<p>hydroxyzine <i>Lunesta</i> meprobamate <i>Rozerem</i> zaleplon zolpidem zolpidem CR <i>Zolpimist</i></p>
Antimanic Agents AHFS Class No. 282800	lithium
Anticholinergic Agents AHFS Class No. 283608	benztropine trihexyphenidyl
MAO Inhibitors AHFS Class No. 283632	<i>Emsam</i> Emsam is the only drug carved out fee-for-service in this AHFS drug class
Central Nervous Systems Agents Misc. AHFS Class No. 289200	<i>Intuniv</i> <i>Strattera</i> – Clinical criteria apply see http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm Intuniv (for recipients 6 – 17 years old) and Strattera are the only drugs carved out fee-for-service in this AHFS drug class.