



# 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.*

### Peer Review Program

The use of antipsychotic agents in children and adolescents has increased substantially over the past decade. There is increased public scrutiny, controversy and debate regarding the increasing use of the antipsychotic agents in children and the lack of data on long-term effects. The long-term efficacy and safety of these agents in the pediatric population has not been well-established for any given clinical indication.

For these reasons, the State of Maryland Medicaid Pharmacy Program (MMPP) is launching a new program – The Peer Review Program for Mental Health Drugs. The program will start on October 19<sup>th</sup>, 2011 and will initially address the use of antipsychotics in Medicaid patients under five years of age. In partnership with the Mental Hygiene Administration (MHA) and the University of Maryland (UMD) Division of Child and Adolescent Psychiatry and School of Pharmacy, the program's goal is to ensure that members of this vulnerable population receive optimal treatment in concert with appropriate non-pharmacologic measures in the safest manner possible. The peer review will inform clinicians of relevant clinical information for decision-making and ensure the appropriate use while limiting adverse sequelae in Medicaid's vulnerable pediatric patients. Claims for antipsychotic medications that are for children younger than the FDA approved age, will require a Prior Authorization (PA) based on the peer-review assessment.

The Peer Review Program will work as follows:

1. The claim will be denied at the Point of Sale,
2. The denial message will be "PA Required" and "Prescriber must call Antipsychotic Peer Review Center @ 1-855-283-0876 for PA"
3. The denial will require pharmacy provider to contact the prescriber to obtain the PA.
4. The prescriber must contact the Peer Review call center and proceed with consultation and decision related to PA (approve/deny)

The Peer Review Program will notify the prescriber of the approval or denial of the prescription. The prescriber will in turn notify the pharmacy provider.

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