

**DHMH****Maryland Department of Health and Mental Hygiene**

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Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Office of Systems, Operations & Pharmacy  
Medical Care ProgramsCharles E. Lehman  
Executive Director**MARYLAND MEDICAL ASSISTANCE PROGRAM****Pharmacy Transmittal No. 185****December 19, 2007**

- TO:** Pharmacies
- FROM:** Charles Lehman, Executive Director *(Charles E. Lehman)*  
Office of Systems, Operations and Pharmacy
- NOTE:** Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.
- RE:** Atypical Antipsychotics Added to the Maryland Preferred Drug List; Zyprexa® Step Therapy; Emergency Supply of Medications; and Carve-Out of Antiretroviral Drugs

**Atypical Antipsychotic Agents Being Added to the 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.

**Step Therapy Criteria for Zyprexa®**

The Food and Drug Administration recently required the manufacturer of Zyprexa® to include additional warnings in the drug labeling in light of potential hyperglycemia, hyperlipidemia and weight gain. Therefore, Maryland Medicaid is requiring that patients being prescribed an atypical antipsychotic for the first time must first be treated with an atypical other than Zyprexa® (Step Therapy).

Beginning January 1, 2008 step therapy criteria will be required for the use of Zyprexa®. Six weeks of therapy with another atypical antipsychotic agent (Tier One Drug) will be required prior to beginning therapy with Zyprexa® (Tier Two Drug). However, patients already taking Zyprexa® will be able to continue on therapy without any preauthorization requirements. Prescribers may request preauthorization for initiation of Zyprexa® as first line therapy by calling 800-932-3918.

## Emergency Supplies of Atypical Antipsychotics

Prescribers may request a preauthorization for Tier Two Drugs and non-preferred drugs. When the pharmacy receives a "prior authorization required" denial message on a submitted claim, the pharmacy should contact the prescriber to either change the medication or have the prescriber obtain necessary preauthorization.

If the prescriber is unavailable to either change the medication or obtain preauthorization pharmacies may request authorization to dispense a one time emergency supply of the prescribed medication. For atypical antipsychotic medications up to a 30-day emergency supply will be authorized.

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 these factors into consideration when deciding whether or not to request authorization for an emergency supply. The 24/7-telephone number to call for authorization of emergency supplies is 800-932-3918.

After use of the 30-day emergency supply of atypical antipsychotics, preauthorization will be required for the patient to continue on the drug. *The pharmacist is to contact the prescriber to ensure that the prescriber obtains preauthorization before the 30-day emergency supply of the medication is completely utilized by the patient. After preauthorization has been established, the pharmacist may dispense any refills that may be authorized.*

## Antiretroviral Carve-Out Effective January 1, 2008

Antiretroviral prescriptions with a date-of-service on or after January 1, 2008 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, 2007, 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 pharmacy 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.*

For Medicaid recipients only (excluding Primary Adult Care recipients): Effective January 1, 2008, a \$1.00 recipient co-payment will be associated with claims for antiretrovirals other than the recipient groups listed below. 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.

The drug must be dispensed whether or not the recipient can afford the co-payment.

This transmittal is to inform you of changes to the Medicaid Pharmacy Program. If you have any questions, call 410-767-5878.