



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
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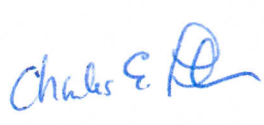
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

Office of Systems, Operations & Pharmacy
Medical Care Programs

Charles E. Lehman
Executive Director

MARYLAND MEDICAL ASSISTANCE PROGRAM
Pharmacy Transmittal No. 193
June 7, 2010

TO: Clinics, Residential Treatment Centers for Children Under 21
EPSDT Physicians
Managed Care Organizations
Pharmacies, Hospitals
Public Mental Health System Providers

FROM: Charles E. Lehman, Executive Director 
Office of Systems, Operations and Pharmacy

RE: Maryland Medicaid Mental Health Formulary Managed Care Carve-Out

The Maryland Medicaid Mental Health Formulary Managed Care Carve-Out is being modified **effective July 1, 2010**. For recipients 6 – 17 years old, Intuniv[®] will be added to the mental health formulary and be billed fee-for-service. For individuals not in this age range, Intuniv[®] will continue to be part of the Managed Care Organization (MCO) pharmacy benefit. Intuniv[®] is an extended release formulation of guanfacine that came on the market in late 2009 with an FDA approved indication only for the treatment of ADHD for patients aged 6-17. As in the past, guanfacine(Tenex) remains a drug for which coverage is the responsibility of the member's MCO.

Prescriptions for Intuniv[®] for HealthChoice members, ages 6-17 with a date-of-service on or after July 1, 2010 must be billed fee-for-service, (BIN 610084, PCN DRMDPROD, Group Number MDMEDICAID), the same as all of the other drugs in the Mental Health Formulary. Prescriptions for Intuniv for members younger than 6 or older than 17, must be billed to the MCO of which that patient is a member.

- 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 Epocrates.com.
- Questions concerning this transmittal should be directed to the Division of Pharmacy Services at 410-767-1455.

Attachment

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

Web Site: www.dhmh.state.md.us



Maryland Medicaid Mental Health Formulary
Effective July 1, 2010

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⁺
Clonidine
Guanfacine*

Naltrexone
Medroxyprogesterone⁺

Liothyronine
Disulfiram

⁺ When 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) remains a drug 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) will be added to the mental health formulary and be billed fee-for-service. For individuals not in this age range, Intuniv 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. Brand name drugs are in italic print.

Therapeutic Class	Drug
Central Alpha Agonists AHFS Class No. 240816	<i>Intuniv</i> Intuniv is the only drug carved out fee-for-service in this AHFS drug class and is only paid fee-for-service for children ages 6 -17
Anticholinergic Agents AHFS Class No. 283608	benztropine <i>Kemadrin</i> trihexyphenidyl
Benzodiazepines (Anticonvulsants) AHFS Class No. 281208	clonazepam

	<p><i>Symbyax</i> trazodone venlafaxine <i>Venlafaxine ER</i></p>
<p>Antipsychotic Agents AHFS Class No. 281608</p> <p>Antipsychotic Agents (continued) AHFS Class No. 281608</p>	<p><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 <i>Zyprexa</i> - Clinical criteria apply see http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm <i>Zyprexa Relprevv</i> - Clinical criteria apply see http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm <i>Zyprexa Zydi s</i> - Clinical criteria apply see http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm</p>
<p>Amphetamines AHFS Class No. 282004</p>	<p>amphetamine <i>Desoxyn</i> dextroamphetamine dextroamphetamine/amphetamine dextroamphetamine/amphetamine XR methamphetamine <i>Vyvanse</i></p>
<p>Anorexigenic Agents and Respiratory and Cerebral Stimulants (Anorexigenic Agents are not covered) AHFS Class No. 282092</p>	<p><i>Concerta</i> <i>Daytrana</i> <i>Focalin</i> <i>Focalin XR</i> <i>Metadate CD</i> methylphenidate <i>Nuvigil</i> <i>Provigil</i> <i>Ritalin LA</i></p>
<p>Anxiolytics, Sedatives and Hypnotics – Benzodiazepines</p>	<p>alprazolam chlordiazepoxide</p>

<p>AHFS Class No. 282408</p>	<p>clorazepate <i>Diastat</i> diazepam <i>Doral</i> estazolam flurazepam lorazepam midazolam oxazepam <i>Restoril 7.5 mg</i> <i>Restoril 22.5 mg</i> temazepam triazolam</p>
<p>Miscellaneous Anxiolytics, Sedatives and Hypnotics AHFS Class No. 282492 Miscellaneous Anxiolytics, Sedatives and Hypnotics (continued) AHFS Class No. 282492</p>	<p><i>Ambien CR</i> buspirone chloral hydrate droperidol hydroxyzine <i>Lunesta</i> meprobamate <i>Rozerem</i> zaleplon zolpidem <i>Zolpimist</i></p>
<p>Antimanic Agents AHFS Class No. 282800</p>	<p>lithium</p>
<p>Central Nervous Systems Agents Misc. AHFS Class No. 289200</p>	<p><i>Strattera</i> – Clinical criteria apply see http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm <i>Strattera</i> is the only drug carved out fee-for-service in this AHFS drug class.</p>
<p>MAO Inhibitors AHFS Class No. 283632</p>	<p><i>Emsam</i> Emsam is the only drug carved out fee-for-service in this AHFS drug class</p>