



# Pharmacy News & Views

November 2009

Maryland Department of Health and Mental Hygiene / Office of Systems, Operations and Pharmacy

## Antipsychotics on Maryland Medicaid PDL and Coverage of a 30-day Emergency Supply of Atypical Antipsychotics

The Pharmacy Program's Preferred Drug List (PDL) was updated on October 1, 2009. The Antipsychotics Drug Class now includes traditional antipsychotic drugs, atypical antipsychotic drugs and injectable formulations (see page 6 of the PDL at <http://www.dbmb.state.md.us/mma/mpap/druglist.html>). Some of the atypical antipsychotics are now subject to Step Therapy and/or Prior Authorization (PA). If there is not a history of a 42-day trial of a Tier 1 drug within the most recent 60 days, a claim for a Tier 2 drug will deny and require a PA from the prescriber. Zyprexa®, Zyprexa IM® and Abilify® are Tier 2 drugs. Non-preferred atypical antipsychotics require a PA and include Invega®, Risperdal Consta®, Seroquel XR® and Symbyax®.

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 PA. It would be beneficial if the pharmacist would advise the prescriber of the alternative drugs that are Tier 1. Tier 1 drugs do not require a PA. Normally the prescriber can obtain a PA with a phone call.

When the prescriber is not available to obtain PA for an atypical antipsychotic medication that is non-preferred or subject to Step Therapy, a one-time only authorization can be obtained to dispense up to a 30-day emergency supply. This policy was previously communicated in Advisories #71 on September 30, 2009 and #65 on April 7, 2009, (<http://www.dbmb.state.md.us/mma/mpap/provadv.html>) and remains in place. The pharmacist should use his or her professional judgment in determining whether the prescription is needed on an emergency basis, taking into account the patient's diagnostic and drug history, information about what medications the patient has on hand, and possible recent hospitalization, as well as any mobility, transportation or communication issues that make returning to the pharmacy difficult or expensive.

In order to process a paid claim for an emergency supply of an atypical antipsychotic requiring a PA, the pharmacy must call 800-932-3918 for authorization. During the 30-day window, the pharmacist must notify the prescriber of the need to obtain a PA before the prescription can be filled a second time and make a note for his or her records of the date, time and person they contacted at the prescriber's office. This information should be made available

upon request by the Maryland Medicaid Pharmacy Program staff.

## Dose Optimization Limitations for Mental Health Medications

Only the doses noted with limits on the table on Page 2 are subject to the dose optimization criteria. Those doses of the products, that do not have any quantity limitations, are also listed. These limits are based on the manufacturers' recommended dosing found in the product labeling. A patient is limited to the following quantities for the specific time-period noted.

Exceptions to these limits, for clinical reasons if in the best interest of the patient can be obtained. A prior authorization form for obtaining quantities in excess of those listed can be found at <http://www.dbmb.state.md.us/mma/mpap/forms.htm> or by calling (800) 932-3918. (Continued on Page 2)

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## Dose Optimization Limitations for Mental Health Medications

Drug	Strength	Doses per day	Quantity limitations per month supply <sup>1</sup>
Abilify <sup>®</sup>	2mg	4 tablets	136 tablets
Abilify <sup>®</sup>	5mg; 10mg; 15mg	1 tablet	34 tablets
Geodon <sup>®</sup>	20mg; 40mg	2 capsules	68 capsules
Invega <sup>®</sup>	3mg; 6mg; 9mg	1 tablet	34 tablets
Lyrica <sup>®</sup>	25mg; 50mg; 75mg; 100mg; 150mg	3 tablets	102 tablets
risperidone (Risperdal <sup>®</sup> )	0.25mg; 0.5mg; 1mg; 2mg	2 tablets	68 tablets
Risperdal Consta <sup>®</sup>	All strengths	Inject biweekly	2 syringes every 20 days
Seroquel <sup>®</sup>	25mg	4 tablets	136 tablets
Seroquel <sup>®</sup> XR	200mg	1 tablet	34 tablets
Zyprexa <sup>®</sup>	2.5mg; 5mg; 7.5mg	1 tablet	34 tablets
Symbyax <sup>®</sup>	3-25; 6-25	1 tablet	34 tablets
Zyprexa Zydis <sup>®</sup>	5mg	1 tablet	34 tablets
Abilify <sup>®</sup>	20mg; 30mg	No limits in place	
Geodon <sup>®</sup>	60mg; 80mg	No limits in place	
Lyrica <sup>®</sup>	200mg; 225mg; 300mg	No limits in place	
Risperdal <sup>®</sup>	3mg; 4mg	No limits in place	
Seroquel <sup>®</sup>	50mg; 100mg; 200mg; 300mg; 400mg	No limits in place <sup>2</sup>	
Symbyax <sup>®</sup>	6-50; 12-25; 12-50	No limits in place	
Zyprexa <sup>®</sup>	10mg; 15mg; 20mg	No limits in place <sup>2</sup>	
Zyprexa Zydis <sup>®</sup>	10mg; 15mg; 20mg	No limits in place <sup>2</sup>	

<sup>1</sup> Dose optimization limits apply to patients age 16 and older. There is no prior authorization requirement for children under 16. However, providers are strongly encouraged to optimize dosing where indicated.

<sup>2</sup> Providers are strongly encouraged to optimize dosing where indicated.

### MARYLAND MEDICAID PHARMACY PROGRAM MCO HealthChoice Co-Payments

MCO	Brand preferred or formulary drugs	Brand non-preferred or non-formulary drugs	Generic preferred or formulary drugs	Generic non-preferred or non-formulary drugs
<b>AMERIGROUP Community Care</b>	\$3.00	\$3.00	\$1.00	\$1.00
<b>Diamond Plan from Coventry Health Care</b>	No Co-Pay	No Co-Pay	No Co-Pay	No Co-Pay
<b>Jai Medical Systems</b>	No Co-Pay	No Co-Pay	No Co-Pay	No Co-Pay
<b>Maryland Physicians Care</b>	No Co-Pay	No Co-Pay	No Co-Pay	No Co-Pay
<b>Medstar Family Choice</b>	No Co-Pay	No Co-Pay	No Co-Pay	No Co-Pay
<b>Priority Partners</b>	No Co-Pay	No Co-Pay	No Co-Pay	No Co-Pay
<b>UnitedHealthcare</b>	\$3.00	\$3.00	\$1.00	\$1.00

COMAR 10.09.67.01D1 (a)(b) states the MCO can charge HealthChoice enrollees up to a \$3.00 Co-Payment for brand name drugs and up to a \$1.00 Co-Payment for generic drugs.

## **MCO Primary Adult Care (PAC) Co-Payments**

MCO	Brand preferred or formulary drugs	Brand non-preferred or non-formulary drugs	Generic preferred or formulary drugs	Generic non-preferred or non-formulary drugs
<b>AMERIGROUP Community Care PAC</b>	\$7.50	\$7.50	No Co-Pay	No Co-Pay
<b>Jai Medical Systems PAC</b>	Written by primary care provider - No Co-Pay Written by non-network provider - \$7.50	Written by primary care provider - No Co-Pay Written by non-network provider - \$7.50	Written by primary care provider - No Co-Pay Written by non-network provider - \$2.50	Written by primary care provider - No Co-Pay Written by non-network provider - \$2.50
<b>Maryland Physicians Care PAC</b>	No Co-Pay	No Co-Pay	No Co-Pay	No Co-Pay
<b>Priority Partners PAC</b>	\$7.50	\$7.50	No Co-Pay	No Co-Pay
<b>UnitedHealthcare PAC</b>	\$7.50	\$7.50	No Co-Pay	No Co-Pay

COMAR 10.09.76.10.D3 (a)(b) states the MCO can charge Primary Adult Care (PAC) enrollees up to a \$7.50 Co-Payment for brand name drugs and up to a \$2.50 Co-Payment for generic drugs.

Division of Clinical Pharmacy Services  
Updated November 2009

### **Coverage for Over-The-Counter (OTC) Pharmacy Products**

Maryland Medicaid Pharmacy Program will cover the following federally rebatable OTC products when a recipient presents a prescription written by an authorized prescriber:

- minimally-sedating antihistamines (e.g. cetirizine, loratidine)
- minimally sedating antihistamine/decongestant (e.g. cetirizine-D, loratidine-D)
- enteric coated aspirin (if diagnosis is arthritis) 325 mg tablets
- clotrimazole (topical antifungal)
- contraceptives
- ergocalciferol liquid (vitamin D)
- ferrous sulfate (in forms specified in Code of Maryland Regulations 10.09.03.04 A 8&9)
- ibuprofen (200mg)
- insulin (non-legend)
- ketotifen (ophthalmic antihistamine and mast cell stabilizer)
- miconazole (topical antifungal)
- omeprazole OTC (generic of Prilosec OTC)
- permethrin (topical antiparasitic)
- terbinafine (topical antifungal)
- tolnaftate (topical antifungal)

The program also covers the following OTC products without a prescription:

- Condoms (subject to limitations in Code of Maryland Regulations 10.09.03.05 C 7)
- Plan B (for females age 17 and older, limit - one prescription every 90 days)

Specific codes for these products can be found in the Provider Manual on page 41 at <http://www.mdrxprograms.com/docs/common/Maryland%20Pharmacy%20Program%20Provider%20Manual.doc>.

Covered OTC drugs (except contraceptives) must be federally rebatable and be on prescription.

## Generic vs. Brand Status on Maryland's Preferred Drug List

Medicaid's Preferred Drug List, encompassing about 1000 drugs, covers most of the generic versions of preferred multisource brand drugs without any type of prior authorization. If the brand name drug is required, the prescriber must complete a MedWatch form (<http://www.dbmb.state.md.us/mma/mpap/medwatch.btm>) and submit it to the State. The State's clinical pharmacists will review the MedWatch form and will notify the prescriber whether the request for the brand name drug was approved or denied. The State will then forward the MedWatch form to the FDA.

There are exceptions to this rule which change from time to time. Not all generics are preferred over the equivalent brand name drug. In order for the State to enhance the benefit of the PDL, in

some instances the multisource brand name drug is Preferred over its generic equivalents, because the branded drug is less costly than its generic counterpart. This happens most often in cases of newly released generics. When manufacturer rebates are taken into consideration, the brand name drug has a lower net cost to the State. When the brand name drug is Preferred, no MedWatch nor authorization is needed. Enter a DAW code of 6 on the claim to have it correctly priced.

If any problems are encountered during the on-line claim adjudication of Preferred Brands, contact ACS 24-hour Help Desk at 800-932-3918 for additional system overrides related to the use of the correct DAW code (for example, if there is other primary insurance).

The generic non-preferred exceptions as of October 1, 2009 are as follows:

### Non-Preferred Generics

calcitonin salmon  
calcium acetate  
dorzolomide/timolol  
dorzolamide  
dronabinol  
finasteride  
malathion crème rinse  
sumatriptan  
tinidazole  
tranylcypromine

### Status of Equivalent Brands

Miacalcin® (Preferred)  
PhosLo® (Preferred)  
Cosopt® (Preferred)  
Trusopt® (preferred)  
Marinol® (Preferred)  
Proscar® (Preferred)  
Ovide® (Preferred)  
Imitrex® (Preferred)  
Tindamax® (Preferred)  
Parnate® (Preferred)

In the following instances, both the multisource brand and the generic are preferred.

### Preferred generics

dexamethylphenidate (not available)  
fentanyl patch

### Brand also Preferred - no MedWatch form required

Focalin®  
Duragesic®

Please maintain this for a reference together with any updates that follow. This information is available at <http://www.epocrates.com/> on your desktop computer or PDA/Smartphone. Epocrates is updated weekly.

## Over-The-Counter levonorgestrel (Plan B®) Coverage

The Maryland Medicaid Pharmacy Program allows female fee-for-service recipients age 17 or older to obtain levonorgestrel 0.75mg (Plan B® and Next Choice™) and levonorgestrel 1.5mg (Plan B® One-Step) without a prescription. Female recipients age 16 and under are required to have a valid prescription order from a prescriber. Claims for OTC Plan B®, Next Choice™ and Plan B® One-Step for fee-for-service recipients may be submitted electronically in much the same manner as

claims for condoms. Enter the NPI number of the pharmacy in both the Prescriber ID field and the Provider ID field (fields 411-DB and 444-E9 respectively). The pharmacist may then create a prescription order, sign it and have the recipient sign it when the drug is dispensed. There is a limit for these products of one prescription every three months. A chart of coverage of Plan B® and Plan B® One-Step for the HealthChoice MCOs is provided.

### Coverage of Plan B®, Next Choice® and Plan B® One-Step for Maryland Medicaid Fee-For-Service and HealthChoice Managed Care Organizations

	AMERIGROUP Community Care	Diamond Plan	Jai Medical Systems	Maryland Physicians Care	MedStar Family Choice	Priority Partners	United-Health-care	Traditional Medicaid Fee-For-Service
<b>Plan B® and Next Choice® Covered</b>	Yes	Yes	Yes	Only Next Choice® is covered	Yes	Yes	Yes	Yes
Coverage is provided without a prescription for patients age 17 and older	Yes	Yes	No	No	No	Yes	No	Yes
Quantity Limit	1 package per month, 3 packages per year	No	1 package per month, 3 per year	1 package per month, 3 per year	3 packages per year	2 packages per year	2 packages per year	1 package every 3 months
Prior Authorization Required	No	No	No	No	No	No	No	No
<b>Plan B® One Step Covered</b>	No	Yes	No	Yes	Yes	Yes	No	Yes
Coverage is provided without a prescription for patients age 17 and older		Yes		No	No	Yes		Yes
Quantity Limit		No		1 package per month, 3 per year	3 packages per year	2 packages per year		1 package every 3 months
Prior Authorization Required		No		No	No	No		No

## **Corrective Managed Care Program and Misuse of Controlled Substances**

The Corrective Managed Care (CMC) Program is an ongoing effort conducted by the Maryland Medicaid Pharmacy Program (MMPP) to monitor and promote appropriate use of controlled substances. The CMC program is particularly concerned with appropriate utilization of opioids and benzodiazepines. Through a monthly review of individual recipient drug and diagnosis history profiles the MMPP identifies Maryland Medicaid recipients who appear to be receiving duplicate controlled drug therapy, visiting multiple prescribers and/or patronizing multiple pharmacies to obtain controlled substances.

The CMC program shares this information about potential drug misuse with prescribers and pharmacy providers. Physicians and pharmacies are sent educational intervention letters along with a response form to indicate any action taken. If despite the best efforts of the prescriber and pharmacist, there still continues to be overutilization or perceived misuse of a controlled substance by a recipient, a recipient can be “locked-in” or restricted to one pharmacy. Under a lock-in pharmacy agreement, the recipient will be required to fill prescriptions for all medications at one predetermined pharmacy. Recipients can also be referred by providers for lock-in review by contacting the MMPP at 410-767-1455. The ultimate goal of locking in a recipient and of the CMC program is to ensure that recipients have access to medication they need while reducing the harm associated with overutilizing or misusing controlled substances.

Another issue that has raised concern is with those Medicaid recipients who ask to pay cash for prescriptions for controlled substances that are subject to early refill edits. Medicaid patients should not be paying cash for any prescriptions under normal circumstances, especially prescriptions for controlled substances. If recipients frequently request to pay cash for prescriptions for controlled substances, please report these instances to the MMPP by contacting the MMPP at 410-767-1455. If appropriate, these recipients will then be referred to the Medicaid recipient fraud and abuse department. Thank you for your cooperation in this manner and for helping the MMPP ensure the safe and effective use of controlled substances.

## **Responsible Use of Intervention Codes**

As the community pharmacist is well aware, the Maryland Medicaid Pharmacy Program (MMPP) performs a prospective drug utilization review (ProDUR) on each submitted claim. ProDUR alerts are designed to prevent and reduce adverse drug effects. They do so by identifying conflicts in drug therapy including therapeutic duplication, drug-drug interactions, and high doses. Claims can be overridden when the prescriber has been consulted (MO code), the pharmacist has reviewed the profile (RO code), or the pharmacist counsels the patient (PO code).

The MMPP relies on the pharmacist to use his or her best clinical judgment in determining when the prescriber should be consulted. The MMPP continues to evaluate therapeutic duplication alerts that are overridden by the pharmacist. The majority of override codes indicated that the prescriber was consulted (claims overridden with the MO code). The MO code should only be used when the prescriber is consulted. Be advised that the MMPP counts on the pharmacist to use the intervention codes responsibly and to monitor their use by the pharmacy technical staff.

## **DHMH E-mail “Advisory”**

The MMPP utilizes an e-mail notification service called an “Advisory” to provide the pharmacy community with important timely information. Recent Advisories have discussed many of the topics that are included in this newsletter along with other issues that are of interest to the provider community. All of the current Advisories are listed on the MMPP website at the following link; <http://www.dbmb.state.md.us/mma/mpap/provadv.html> If you are currently not receiving e-mail Advisories through a pharmacy organization you belong to, please contact the MMPP representative at 410-767-1455.

**MARYLAND MEDICAID ■ HEALTHCHOICE & PRIMARY ADULT CARE (PAC) PROGRAMS  
NON-FORMULARY EMERGENCY SUPPLY POLICIES AND PROCEDURES FOR MANAGED CARE ORGANIZATIONS**

Managed Care Organization (MCO)	Number for pharmacist to call (PBM) or MCO contact	Hours of operation for PBM or MCO	Procedure for pharmacy staff to follow when physician is unavailable and recipient's prescription is written for a non-formulary medication.
<b>AMERIGROUP Community Care*</b>	AMERIGROUP Pharmacy Department 1-800-454-3730  Caremark, Inc. 1-800-345-5413	Mon - Fri 8:00am - 7:00pm Sat - 10:00am – 2:00pm 24 hour nurse is available after hours  24 hours – 7 days a week	In the event that a medical exception is needed, and the prescriber is unavailable, the pharmacist is authorized to dispense a 72-hour supply to an eligible AMERIGROUP Community Care member. Pharmacists can follow these steps to process a claim: Enter 11112222333 in the Prior Authorization Number field. The day's supply cannot exceed three or the claim will reject. Pharmacists with questions should contact the Pharmacy Department at 1-800-454-3730 and follow the prompts.
<b>Diamond Plan from Coventry Health Care</b>	Diamond Plan Authorization Unit 1-877-215-4100	Mon - Fri 8:30am - 6:00pm, EST - except holidays	If the physician cannot be contacted, the pharmacist is authorized to dispense a 72-hour emergency supply of medication to an eligible Diamond Plan HealthChoice member. When the pharmacist runs the claim, message on screen gives an 11-digit code that allows the fill of the 72-hour supply. It states "Emergency Fill".
<b>Jai Medical Systems*</b>	BioScrip 1-800-213-5640	BioScrip Customer Service, 24 hours - 7 days per week	In an emergency situation, where the physician cannot be contacted, the pharmacist is authorized to dispense a 72-hour emergency supply of medication, unless the medication is classified as a DESI, LTE or specifically excluded drug category product. To obtain a 72-hour emergency supply of medication the pharmacist should call BioScrip Customer Service at 1-800-213-5640.
<b>Maryland Physicians Care*</b>	Maryland Physicians Care Prior Authorization Unit 1-800-953-8854, option 2	24 hours - 7 days per week	The Prior Authorization Unit is staffed 24 hours – 7 days a week to handle urgent-emergent requests for overrides. The Pharmacy staff will give instructions on how to obtain a 72-hour emergency supply.
<b>MedStar Family Choice</b>	Caremark, Inc. 1-800-345-5413 MedStar 410-933-2200 or 1-800-905-1722	24 hours - 7 days per week  Mon -Fri 8:30am - 5:00pm Pager number given after hours	The Pharmacist can put in a three-day override without calling anyone if the medicine is not on PA. If it is on PA, has exceeded MDL or otherwise won't go through, the pharmacist has to call MedStar. After hours the 1-800-905-1722 number gives the pharmacist the pager number of the on call pharmacy person.
<b>Priority Partners*</b>	Priority Partners 1-888-819-1043 Caremark, Inc. 1-800-345-5413	Mon - Fri 8:00am - 5:00pm, except holidays  24 hours - 7 days per week	In the event the precertification unit is closed, or the pharmacist cannot reach the prescribing physician, pharmacist may dispense up to a 96-hour supply of the requested medication to an eligible Priority Partners member. Pharmacist should use the following DUR code to obtain a four-day override in such instances: 111122223333. Pharmacist may also call Caremark at 1-800-345-5413 for further assistance.
<b>UnitedHealthcare*</b>	Medco Health Solutions 1-800-922-1557	24 hours - 7 days per week	UnitedHealthcare allows a Temporary Coverage Override (TCO) option for most non-preferred and prior authorization medications on a one-time per prescription basis. The TCO option allows up to a five-day supply. Pharmacists can follow these steps to process a claim: Enter "01= Prior Authorization" in the Prior Authorization Type field. Plus the code (normally 11111) in the Prior Authorization Number field. It is important the day's supply entered on the claim does not exceed the five-day supply or it will reject. Pharmacists are asked to call UnitedHealthcare's Pharmacy Services Help Desk toll-free at 1-800-922-1557 for questions on the TCO process.

\*MCOs with HealthChoice & PAC enroll-

**ELIGIBILITY ISSUES: Call the HealthChoice Eligibility Verification System (EVS) 1-866-710-1447 (Available 24 hours/7 days)**

**Call the PAC Eligibility/General Information Hotline at 1-800-226-2142 (Monday – Friday from 8:00 AM to 4:30 PM)**  
**Provider inquiries/complaints – HealthChoice Provider/PAC Hotline 1-800-766-8692, Option 5**  
**Recipient inquiries/complaints – HealthChoice/PAC Enrollee Action Line 1-800-284-4510, Option 2 for HealthChoice, Option 3 for PAC**

**At the time of printing, the information and phone numbers listed are correct. This chart will be updated as changes are received.**



## Pharmacy Briefs

### Maryland Medicaid Pharmacy Program Website

The MMPP website can be found at <http://www.dbmb.state.md.us/mma/mpap/>. The MMPP has also developed another website which contains other information regarding the Pharmacy Program, including past issues of the Pharmacy Newsletter, links to Advisories, Transmittals, the PDL, MCO Formularies listings on Epocrates and information regarding continuing education programs. The website can be viewed at [www.marylandmedicaidpharmacyinformation.com](http://www.marylandmedicaidpharmacyinformation.com).




**Maryland Department of Health and Mental Hygiene**  
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