



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

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

Office of Systems, Operations & Pharmacy

Medical Care Programs **MARYLAND MEDICAL ASSISTANCE PROGRAM**Charles E. Lehman
Executive Director**Pharmacy Transmittal No. 191****September 22, 2009****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: Preferred Drug List Changes to Antipsychotic Class**

The Maryland Medicaid Pharmacy Program has modified the Antipsychotics therapeutic class on the Preferred Drug List (PDL) to include traditional, atypical and alternative dosage forms of the available antipsychotic drugs effective **October 1, 2009**. After September 30, the drugs in the antipsychotic class will be classified as follows:

Tier 1 Preferred

chlorpromazine
 clozapine
 fluphenazine
 fluphenazine decanoate injection
 haloperidol
 haloperidol decanoate injection
 perphenazine
 perphenazine/amitriptyline
 risperidone
 thioridazine
 thiothixene
 trifluoperazine
 Fazaclo[®]
 Geodon[®]
 Geodon IM[®] injection
 Moban[®]
 Seroquel[®]

Tier 2 Preferred

Abilify[®]
 Zyprexa[®]
 Zyprexa IM[®] injection

Non-Preferred

Invega[®]
 Risperdal Consta[®]
 Seroquel XR[®]
 Symbyax[®]

Claims for Tier 1 Preferred drugs for Medicaid patients will adjudicate without need for prior authorization (PA). Claims for a Tier 2 drug for a patient already taking that particular Tier 2 drug will also adjudicate without the need for PA. In addition, if Step Therapy has been followed, i.e. the patient has a history of a continuous 42-day trial of a single Tier 1 agent during the previous 60 days, claims for a Tier 2 drug will not require PA. Otherwise, claims for Tier 2 drugs and Non-Preferred drugs will deny without prior authorization.

Providers are reminded that when the prescriber is not available to obtain Prior Authorization (PA) for a Tier 2 or a Non-Preferred antipsychotic drug, Maryland Medicaid allows providers to dispense up to a 30-day emergency supply.

Pharmacists should use their 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 get a paid claim for an emergency supply of any atypical antipsychotic requiring a PA, the pharmacy must call 800-932-3918 for authorization. During the 30-day window, the pharmacist is to follow-up with the prescriber who must obtain the PA before the prescription can be filled a second time.