



# Pharmacy News & Views

November 2013

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

## The Antipsychotic Peer Review Program is Expanding!

The Antipsychotic Peer Review Program was established in October 2011 to address the issue of increasing numbers of children being prescribed antipsychotics without the necessary and appropriate accompanying lab monitoring being performed.

The program's objective is to ensure that children and adolescents on antipsychotics receive optimal treatment in conjunction with non-pharmacologic interventions to produce the most effective outcomes.

The program initially focused on Medicaid patients under 5 years of age. In July 2012, it was expanded to include all patients under age 10 and currently includes all patients under age 12. The final phase of expansion includes all children less than 18 years of age.

The planned expansion is as follows:

Patient Age (Years)	Time Period for Prescriber to Contact Peer Review Program	Date Prescription will Start Denying at the Pharmacy
12 to 13	Early September to Mid November	November 19, 2013
14 to 15	Late September to Early December	December 16, 2013
16 to 17	Mid October to Early January	January 17, 2014

Prescribers must make contact with the Peer Review Program during the listed timeframes to ensure their patients do not experience any unnecessary interruption in therapy. Pharmacists should consult with both the parent (or guardian) of the patient and prescriber when a claim denies for the Peer Review Program. Only the prescriber can obtain a prior authorization (PA) for the denied antipsychotic(s). This can be done by fax or phone.

The PA form can be found at [https://mmcp.dhmh.maryland.gov/pap/docs/Peer\\_Review\\_Medication\\_Athorization\\_Form.pdf](https://mmcp.dhmh.maryland.gov/pap/docs/Peer_Review_Medication_Athorization_Form.pdf).

In the event that the prescriber cannot be reached, the pharmacist has the authority to request a 72 hour supply of the medication as per COMAR (10.09.03.06D(3)) by calling Xerox at **1-800-932-3918**. Pharmacists should use sound professional judgment and ensure that the patient receives their medication. During this 72 hour window, the pharmacist is to contact the prescriber who must obtain prior authorization before the remainder of the prescription can be dispensed. After the prior authorization has been established, the remainder of the prescription can be dispensed. For more information about the Peer Review Program, please visit <https://mmcp.dhmh.maryland.gov/pap/SitePages/Antipsychotics%20Review%20Programs.aspx> or call 1-855-283-0876 (providers only).

## Tier 2 and Non-Preferred Antipsychotic Review Process

All claims for initial therapy (new patient to antipsychotic medication) for use of a Tier 2 or non-preferred antipsychotic in patients age 12 and older (18 and older for Abilify®) now require prior authorization. By January, 2014, it is expected that all claims for Tier 2 or non-preferred antipsychotic in all patients age 18 or older will require authorization. The claim will deny at point of service and will not process. An electronic message will display on your system with instructions as to how to proceed. Listed below are key points of the prior authorization process with respect to the pharmacist role and ensuring that disruptions in therapy does not occur.

***MOST IMPORTANTLY - if prior authorization cannot be obtained in a timely manner by the prescriber, no patient should ever go without medication. Up to a 30-day supply of the Tier 2 or non-preferred medication can be dispensed to avoid any disruption in therapy***

Tier 2 & Non-Preferred Antipsychotic Review Process  
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## Clinical Criteria for Approval:

### **Clinical Criteria for immediate approval:**

The patient has had an adequate trial (at least 6 weeks at recommended dose) of at least one preferred antipsychotic drug where FDA indicated, or: The medication was started on an inpatient unit/other acute care setting, or: All preferred antipsychotics are medically contraindicated for the patient.

**Other Clinical Criteria can be found on the website:**

<http://mmcp.dhmh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx>

## Pharmacist Responsibilities When a Claim Denies:

### **Patient care and follow-up is important:**

Consult with the patient (or parent/guardian). Consult with the prescriber. Prior authorization can be obtained by prescriber by phone or fax (forms available on MMPP website) with 24-hour turn-around time.

**Always ensure patient receives their medication - if unable to contact the prescriber, use professional judgment and follow-up!!**

**Pharmacist should call claims processor Xerox at 1-800-932-3918.**

**Up to one 30-day emergency supply is available by either pharmacist or prescriber request with a phone call to Xerox at 1-800-932-3918.**

## Tier 2 and Non-Preferred Prior Authorization Review Process Resources:

### **Clinical Criteria:**

<http://mmcp.dhmh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx>

### **Prior Authorization (PA) Form:**

<http://mmcp.dhmh.maryland.gov/pap/docs/Tier%202%20and%20NPD%20Antipsychotic%20PA.pdf>

Preferred Drug List (PDL), for Fee-for-Service (FFS) and MCO Formularies are available for free at Epocrates.com.

The FFS PDL also available online at:

<http://mmcp.dhmh.maryland.gov/pap/SitePages/druglist.aspx>

For questions or further information call either:

Xerox at **1-800-932-3918**

Maryland Medicaid at **1-800-492-5231 (opt 3)**

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## Corrective Managed Care Program

The Corrective Managed Care (CMC) Program exists mainly to identify patients who may be utilizing excessive quantities of controlled drug substances, especially when it involves multiple prescribers and pharmacy providers. While the majority of Medicaid recipients do not abuse narcotic and other controlled medications, inappropriate use does exist. This inappropriate use places recipients at risk for adverse outcomes while increasing the state's expenditures.

Each month, the Corrective Managed Care Pharmacist reviews between 200 to 300 recipient profiles who meet specific criteria designed to evaluate potential overuse of controlled drug substances. Upon identification of patients who meet the criteria, a review of their drug history and diagnoses is performed.

When warranted, educational intervention letters are sent to all the patient's appropriate prescribers and pharmacy providers. Enclosed with the letter are the patient's complete drug and diagnosis history in addition to a response form soliciting feedback from the provider with regards to what action, if any, will be taken upon evaluation of the information contained in the letter. The Maryland Medical Pharmacy Program (MMPP) encourages providers to respond to this letter. Responses provide valuable feedback to the Department to help improve the Program.

Patients whose drug utilization continues to be inappropriate despite repeated intervention letters may be restricted to a single pharmacy in an effort to reduce possible misuse or diversion. A recipient who is "restricted" or "locked-in" must obtain all their prescription medications from that single pharmacy until the restriction is lifted.

Providers who suspect recipients may have issues with inappropriate utilization rates may also refer such patients directly to the program. For more information regarding the CMC program or to make a referral please contact the CMC Pharmacist at **410-767-5945**.



## American Psychiatric Association (APA) “Choosing Wisely” Initiative

### Background

The American Psychiatric Association (APA) recently released a list of five key antipsychotic prescribing recommendations to address some of the most common deviations from recommended practice.

These recommendations, which address potentially unnecessary and sometimes harmful prescribing, are part of the Choosing Wisely initiative from the American Board of Internal Medicine (ABIM) Foundation. This initiative has brought together leading specialty societies to develop 30 evidence-based lists of tests and procedures in their field that may be overused or inappropriate. The lists are designed to prompt conversations between patients and providers about what care is really necessary.

The following is adapted from the APA’s recommendations:

### **Avoid prescribing antipsychotic medications to patients for any indication without appropriate initial evaluation and appropriate ongoing monitoring.**

Metabolic, neuromuscular, and cardiovascular side effects are common in patients receiving antipsychotic medications for any indication. A thorough initial evaluation is necessary to ensure that the use of an antipsychotic medication is clinically warranted and ongoing monitoring is necessary to identify potential side effects.

### **Avoid routine prescribing of two or more antipsychotic medications concurrently.**

Research shows that the use of two or more antipsychotic medications occurs in 4-35% of outpatients and 30-50% of inpatients. Evidence showing the safety and effectiveness of using two or more antipsychotic medications is limited and the risk for drug interactions, noncompliance, and medication errors is increased. Generally, the use of two or more antipsychotic medications concurrently should be avoided except in cases of three failed trials of monotherapy, which include one failed trial of clozapine where possible, or where a second antipsychotic medication is added with a plan to cross-taper to monotherapy.

### **Avoid the use of antipsychotics as a first choice to treat behavioral and psychological symptoms of dementia.**

Behavioral and psychological symptoms of dementia are defined as non-cognitive symptoms and behaviors, including agitation or aggression, anxiety, irritability, depression, apathy, and psychosis. Evidence shows that risks tend to outweigh the potential benefits of antipsychotic medications in this population. Antipsychotic medications should be limited to cases where non-pharmacologic measures have failed and the patients’ symptoms may create a threat to the patient or others.

### **Avoid routine prescribing of antipsychotic medications as a first-line intervention for insomnia in adults.**

There is inadequate evidence to support the efficacy of antipsychotic medications to treat insomnia that is primary or due to another psychiatric or medical condition. The few studies that have been conducted show mixed results.

### **Avoid routine prescribing of antipsychotic medications as a first-line intervention for children and adolescents for any diagnosis other than psychotic disorders.**

Recent research indicates that the use of antipsychotic medications in children has increased by 30% in the past 10-15 years, but the rate of psychosis has not increased at the same rate. This increase

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## Quantity Limits

For recipients 18 years and older or those not in the Peer Review Program, Maryland Medicaid limits coverage of quantities for certain drugs which promotes the safe and appropriate use of medications and allows for cost savings to the Program. These limits help prescribers and pharmacists insure that medications are prescribed and dispensed consistent with the maximum dosages approved by the FDA to be both safe and effective. These FDA guidelines are used to establish the limits. Limits include:

- Dose efficiency edits – Limits coverage of prescriptions to one dose per day for drugs that are approved for once-daily dosing.
- Maximum daily dose – A message is sent to the pharmacy if a dose is higher than the maximum allowed dose by FDA labeling.
- Quantity limits over time – Limits coverage of prescriptions to a specific number of units in a defined amount of time.
- Dose optimization – For drugs whose different strengths all have the same or nearly the same unit cost, limits require using the highest possible strength rather than multiple units of lower strengths.

Medications that have quantity limits are subject to change. Refer to the table at:

<https://mmcp.dhmdh.maryland.gov/pap/docs/QL.pdf>

To obtain authorization of prescriptions for amounts that are over the allowed quantity, a prescriber must request prior authorization (PA) by telephoning **1-800-932-3918** and completing and faxing a PA request form:

[http://www.mdrxprograms.com/docs/medicaid/MD-Quantity-Limit\(34141-Activated,Traditional\).pdf](http://www.mdrxprograms.com/docs/medicaid/MD-Quantity-Limit(34141-Activated,Traditional).pdf)

## Emergency Supply of Medications

All Maryland Medical Assistance recipients are entitled to receive a 72-hour supply of medicine (30-day supply for atypical antipsychotics not on the preferred drug list) while awaiting prior authorization or approval to dispense a non-formulary, non-preferred, or Tier 2 medication. If the prescriber is unavailable to either change the medication or obtain preauthorization, or if the prior authorization process is not completed (the State is required to respond to all requests for prior authorization within 24 hours), all Maryland Medicaid HealthChoice managed care organizations (MCOs) and the Maryland Medicaid fee-for-service Pharmacy Program will cover a minimum 72-hour supply of drugs. Pharmacists should use their professional judgment in determining whether the prescription is needed on an emergency basis.

**The recipient may present mobility or access issues that make returning to the pharmacy very difficult or expensive. The pharmacist should take this factor into consideration when deciding whether or not to dispense an emergency supply.**

When a “prior authorization required” denial is received, the pharmacy should contact the prescriber to either change the medication or have the prescriber obtain necessary prior authorization. It would be beneficial if the pharmacist can advise the prescriber of the alternative drugs that are preferred and do not require preauthorization. Normally the prescriber can obtain authorization with a phone call to **1-800-932-3918**. If the prior authorization is not obtained or if the prescriber is not available, it will be necessary for the pharmacist to request authorization to dispense an emergency supply of a prescription by calling the above 24/7 telephone number. In the case of sprays, inhalers, eye or ear drops, creams, ointments, antibiotics etc., it may be necessary to dispense the entire prescription as an emergency supply due to the way the drug is packaged or administered.

In the case of Fee-For-Service recipients or for mental health and antiretroviral drugs covered by the State, the number to call to obtain authorization to dispense an emergency supply is the same as above, **1-800-932-3918**.

For PAC and HealthChoice MCO members’ non-mental health and non-antiretroviral drugs, the pharmacist must contact the appropriate Pharmacy Benefit Manager and follow their procedures before dispensing an emergency supply. The contact information for the MCOs is given on the web at:

<http://www.marylandmedicaidpharmacyinformation.com/PDFs/MCO%20Non-Formulary%20Chart.pdf>

During the 72-hour window the pharmacist is to contact the prescriber who must obtain prior authorization before the remainder of the prescription can be dispensed. After prior authorization has been established, the pharmacist can dispense the remainder of the prescription.

The Medicaid Program allows a pharmacist to dispense a 72-hour supply of a Schedule II controlled substance, but to comply with Maryland law to prevent abuse of these drugs, the pharmacist must keep the prescription and therefore, the member must return to the doctor to get a new prescription in order to get the full supply of drugs.

### **Clinical Corner** (continued from Page 3)

in use appears to be disproportionate among children from low-income families, minority children, and children with externalizing behavior disorders. Evidence for the efficacy and tolerability in children and adolescents is inadequate and there are notable concerns about weight gain, metabolic side effects, and a potentially greater tendency for cardiovascular changes in children than in adults.

### **Conclusion**

The purpose of the antipsychotic recommendations is not to say that antipsychotic medications are always inappropriate for these situations but rather, that other treatment options should be considered first. Antipsychotic medications are a valuable tool in treating patients with serious mental illness; however, they carry the risk of harmful side effects. Unnecessary use or overuse of antipsychotic medications can contribute to chronic health problems, such as metabolic, neuromuscular, or cardiovascular disorders. Because of these risks, antipsychotics should not be used routinely when other safer, evidence-based options are available.

### **References:**

American Psychiatric Association. ABIM Foundation. Five Things Physicians and Patients Should Question. Choosing Wisely. Sept 2013. Available at <http://www.choosingwisely.org/dotor-patient-lists/american-psychiatric-association/>. Accessed Sep 27 2013.

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## **Primary Adult Care (PAC) Program**

As you may be aware, the current PAC program will end as of 12/31/2013, and all recipients will be automatically be transferred to full Medicaid benefits under the Affordable Care Act (ACA) expansion on January 1, 2014. Please continue to provide pharmacy services to all recipients enrolled in the PAC Program as usual. If you have any additional questions, please contact the PAC Program either by phone at **1-800-226-2142** or visit the PAC website: <https://mmcp.dhmh.maryland.gov/mpac/SitePages/Home.aspx>

## **Sign up to Receive Electronic Copies of MMPP Newsletters**

Electronic copies of newsletters and Advisories are available by registering at the following website: <http://www.marylandmedicaidpharmacyinformation.com/>. It is anticipated that in the future the MMPP will make an effort to transition to sending electronic copies of these types of correspondence. Please register so that MMPP has a complete database of providers email contact information.

## **Generic vs. Brand Status on Maryland Medicaid Preferred Drug List (PDL)**

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.

Process claims for Preferred Brands with DAW 6 and they will adjudicate and be priced appropriately. Claims with any other DAW code will reject when the brand name drug is preferred, no MedWatch is needed.

For a complete listing of the PDL which identifies Preferred Brands go to:

<https://mmcp.dhmh.maryland.gov/pap/SitePages/druglist.aspx>

If any problems are encountered during the on-line claim adjudication of Preferred Brands, contact Xerox 24-hour Help Desk at **1-800-932-3918** for additional system overrides related to the use of the correct DAW code (for example, if there is other insurance primary).



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



## Pharmacy News & Views

Maryland Medicaid Pharmacy Program  
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## Advisory Keeps You in the Know

Get the latest updates regarding pharmacy issues through the Maryland Medicaid Pharmacy Program (MMPP) e-mail notification service. Called the *Advisory*, these communications provide the pharmacy community with the most up-to-date information. *Advisories* can be found at this link:

<http://mmcp.dhmh.maryland.gov/pap/SitePages/paphome.aspx>

Please contact the MMPP representative at **410-767-1455** if you are currently not receiving e-mail *Advisories* through a pharmacy organization to which you belong. You can sign up to receive *Advisories* and the MMPP News & Views via e-mail by going to the website:

[www.marylandmedicaidpharmacyinformation.com](http://www.marylandmedicaidpharmacyinformation.com)  
and follow the links to enter your e-mail address.

## TELEPHONE NUMBERS

### **Xerox Technical Assistance and Preauthorizations**

1-800-932-3918  
24 hours a day, 7 days a week

### **Maryland Medicaid Pharmacy Access Hotline**

1-800-492-5231 (*select option three*)  
Monday-Friday, 8:00 am to 5:00 pm

### **Kidney Disease Program**

1-410-767-5000 or 5002  
Monday-Friday, 8:00 am to 5:00 pm

### **Breast & Cervical Cancer Diagnosis and Treatment**

1-410-767-6787  
Monday-Friday, 8:00 am to 4:30 pm

### **Maryland AIDS Drug Assistance Program**

1-410-767-6535  
Monday-Friday, 8:30 am to 4:30 pm

### **Peer Review Program**

1-855-283-0876  
Monday-Friday, 8:00 am to 6:00 pm  
with exception of State Holidays