

Maryland Medicaid Pharmacy – Preferred drug list policies for mental health medications

Historically, the Maryland Medicaid Pharmacy program has had policies that recognize that medications to treat serious mental health conditions are unique and that doctors should be given more latitude in prescribing these medications. Maryland's public mental health system has been "carved out" of the general Medicaid managed care system which allowed for differential policies for this class of drugs. With budgets tightening Maryland has instituted a preferred drug list and has added tier one and tier 2 drugs.

The preferred list means that if a prescriber chooses to prescribe a medication that is not on the preferred list, then a form must be filled out and submitted via fax for prior authorization. It has been the practice that if a physician submits the form with a reason for prescribing the medication then the medication will be authorized. There are now also a couple of medications that have been categorized as Tier 2 drugs, Abilify and Zyporexia which require that a Tier one drug must have been tried for at least 6 weeks before Tier 2 can be prescribed without prior authorization. In general, a doctor may always request authorization before that time. The concern is that many will not and there are added barriers when you require preauthorization. However, we understand that the process in Maryland is less burdensome than in other states.

For both tier 1 and tier 2 drugs, there are "grandfather" policies that allow those who have taken a medication with success within the past 30 days to continue to be prescribed the medication without prior authorization. Additionally, for tier 2 drugs there is a 120 day look back period to determine if an individual is "drug naïve." The idea is that if the individual had a history of taking a medication and failing, then they should not have to demonstrate that again. There is currently a debate regarding how we define "drug naïve" since the State relies on outpatient data and is not able to access data on inpatient medication or free samples. For this reason, we argue the look back period should be extended.

Antipsychotics

1st Tier

- chlorpromazine (Thorazine)
- clozapine (Clozaril)
- fluphenazine (Prolixin)
- fluphenazine decanoate IM (Prolixin Decanoate)
- haloperidol (Haldol)
- haloperidol decanoate IM (Haldol IM)
- perphenazine (Trilafon)
- perphenazine/amitriptyline (Triavil)
- risperidone (Risperdal)
- thioridazine (Mellaril)
- thiothixene (Navane)
- trifluoperazine (Stelazine)
- Fanapt
- Geodon
- Geodon IM
- Moban
- Orap
- Risperdal Consta
- Seroquel

*2nd Tier ***

- Abilify
- Zyprexa
- Zyprexa IM

*** Additional clinical edits may apply to Tier 2 products. An adequate trial of a Tier 1 drug is required prior to use of any Tier 2 product. To review criteria, please refer to*

<http://www.dhmd.state.md.us/mma/mpap/clinicalcriteria.htm>

Antidepressants, Other

- bupropion, bupropion SR, bupropion XL (Wellbutrin, Wellbutrin SR, Wellbutrin XL)
- mirtazapine, mirtazapine soltab (Remeron, Remeron Soltab)
- phenelzine (Nardil)_
- trazodone (Desyrel)
- venlafaxine (Effexor)
- Marplan
- Parnate (**Brand only**)
- Venlafaxine ER tablets (**Brand and generic**)

Cymbalta®

No prior authorization required if a recipient has a diagnosis of diabetes, or a history of receiving hypoglycemic agents within the past 90 days.

- Recipients currently receiving Cymbalta® for any diagnosis are grandfathered and may continue on Cymbalta®
- Clinical prior authorization is required unless a recipient has a diagnosis of major depressive disorder or general anxiety disorder AND has had an 8-week trial of an SSRI (e.g. citalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, Lexapro®, Paxil® CR, Pexeva®, etc.) in the past 90 days.
- Quantities for all strengths are limited to 68 in a 34-day period.

To ensure patient safety, a 2-week trial of 60mg per day dose of Cymbalta® is required before a 120mg per day regimen will be authorized. (According to the labeling, there is no evidence that doses greater than 60 mg/day confer any additional benefits. Also, the increased dosage may pose an increased risk of hepatotoxicity. The maximum FDA approved daily dose is 60mg.)

Strattera®

Strattera® is a Tier Two product on the Preferred Drug List for recipients age 17 and under. If there is no history of use of Strattera® or a Tier One agent in the recipient's most recent 90-day drug history, Strattera® will require a preauthorization. However, Strattera® claims may be adjudicated without a preauthorization based upon the following exceptions:

1. Strattera® is considered a mental health drug, and therefore, grandfathered for all recipients who are currently receiving it.
2. If a claim for Strattera® is submitted and the recipient (age 17 and under) has had a history of receiving a Tier One Agent within the previous 90-day period, the claim will adjudicate without a preauthorization.
3. If the recipient is age 18 and over, the claim will adjudicate without a preauthorization.

Tier 2 Antipsychotics

Zyprexa®, Zyprexa® IM

Zyprexa® and Zyprexa® IM has been designated a Tier Two antipsychotic agent on the Preferred Drug List, due to the manufacturer's warnings about possible harmful metabolic side-effects. If there is no history of use of Zyprexa® or Zyprexa® IM in the recipient's most recent 120-day history OR if there is no history of at least 42 days use of a Tier One agent in the recipient's most recent 60-day drug history (looking only at claims paid by Maryland Medical Assistance), Zyprexa® and Zyprexa® IM will require prior authorization (PA). At the time of PA, the call center will ascertain from the prescriber the indication for Zyprexa's® use, including off-label indications.

Abilify®

Abilify® has been designated a Tier Two antipsychotic agent on the Preferred Drug List. If there is no history of use of Abilify® in the recipient's most recent 120-day history OR if there is no history of at least 42 days use of a Tier One agent in the recipient's most recent 60-day drug history (looking only at claims paid by Maryland Medical Assistance), Abilify® will require PA. At the time of PA, the call center will ascertain from the prescriber the indication for Abilify® use, including off-label indications.

