Maryland Pharmacy Program

Pharmacy News and Views

Volume 2, Number 1
March 2005

Preferred Drug List (PDL): The Second Year

The Department of Health and Mental Hygiene's Pharmacy and Therapeutics (P & T) Committee continues to review therapeutic drug classes previously included on the PDL during 2004. See page 6 of this newsletter for a list of the drug classes where changes to the preferred status of individual drugs were made at the December 2, 2004 P&T Committee meeting. The complete updated Maryland Preferred Drug List and additional information can be viewed online at:

- Department of Health and Mental Hygiene
  http://www.dhmh.state.md.us/mma/mpap/druglist.html

The PDL program is projected to save more than $31 million annually from supplemental rebates and shifts in market share of preferred drugs. The Maryland Pharmacy Program wishes to thank all pharmacy providers for their cooperation in making this Program a success.

Full consideration for the recipient continues to be our top priority. The prescriber and pharmacist are encouraged to review the available options for drug therapy within the PDL. Recipients having problems obtaining prescribed medications may call the Maryland Pharmacy Access Hotline at 1-800-492-5231. If you (the pharmacy) have any questions, contact the Department at 410-767-1455. ℞

Maryland Pharmacy Program Provider Advisory

In an effort to give timely notice to the pharmacy community concerning important pharmacy topics, the Department of Health and Mental Hygiene's (DHMH) Maryland Pharmacy Program (MPP) has developed the Maryland Pharmacy Program Advisory. To expedite information timely to the pharmacy and prescriber communities, an email network has been established which incorporates the email lists of the Maryland Pharmacists Association, Maryland Pharmaceutical Society, EPIC, CARE, Long Term Care

(continued)

Consultants, headquarters of all chain drugstores and prescriber associations and organizations.

It is our hope that the information is disseminated to all interested parties. If you have not received the Provider Advisory via email through any of the previously noted parties, please contact the MPP representative at 410-767-5395 to submit the e-mail address of a pharmacy organization you may belong to so that we may add it to our network list. Provider Advisories can also be viewed on line at http://www.dhmh.state.md.us/mma/mpap/provadv.html. ℞

Contents

Pharmacy News and Views is now on the Web

A copy of this newsletter and the previous editions of the ***Pharmacy News and Views*** newsletter can now be found on the HealthChoice Managed Care Organization website at www.mdmahealthchoicerx.com.

STATE OF MARYLAND
DHMH

Maryland Pharmacy Program Website

The Maryland Pharmacy Program (MPP) has updated their website over the past several months. The MPP invites you to explore the website, which may serve as a useful resource in your practice. The website contains information on several topics such as:

- Eligibility requirements for the Maryland Pharmacy Assistance Program
- Eligibility requirements for the Maryland Pharmacy Discount Program
- Patient brochures in English and Spanish
- Applications for the Maryland Pharmacy Assistance Program and Maryland Pharmacy Discount Program
- Preferred Drug List
- Mental Health Drug Formulary
- Pharmacy Program Forms
- Maximum Allowable Cost and Interchangeable Drug Cost tables
- Provider Advisories and Newsletters
- Hotline telephone numbers

Other websites that may also be useful include the following:

- **First Health Corporation** - claims processing, coordinated prospective drug utilization review and prior authorization. http://mdmedicaidrx.fhsc.com
- **Health Information Designs** retrospective drug utilization review, pharmacy provider newsletter and HealthChoice managed care organization formulary review. http://www.mdmahealthchoicerx.com
- **Provider Synergies** manages the preferred drug list. http://providersynergies.com

FDA Revises Warning for Antidepressant Use in Children

The Food and Drug Administration has revised the black box warning included on the labeling of SSRI antidepresants. The earlier warning noted that SSRIs could cause suicidal actions among children and teens. The revised warning says that these drugs may increase the risk of suicide thinking and behavior based on an evaluation of short-term clinical studies of adolescents and children with depression and other psychiatric disorders.

Patients should be cautioned not to stop therapy with these agents unless directed to do so by their prescriber. The risk of not treating depression could lead to negative outcomes for patients. The actual warning can be viewed at http://www.fda.gov/cder/drug/antidepressants/default.htm.

Dose Optimization for Atypical Antipsychotic Agents

The dose optimization criteria and quantity limits for the atypical antipsychotic agents have created some confusion among providers. The limits were implemented to utilize the most cost effective tablet dosage strength for selected atypical antipsychotic agents.

For example, the price of two 5mg tablets of Zyprexa® or Abilify® exceed the price of one 10 mg tablet. Both of these agents are labeled for once daily administration. Therefore, a patient taking two 5mg tablets could be changed to one 10mg tablet with no impact on overall total daily dose. We are simply requesting that prescribers use a more cost effective dosage regimen.

Prior authorization for quantities in excess of the limits noted below can be obtained by having the prescriber contact First Health at 800-932-3918 and submit a prior authorization request. If prior authorization cannot be obtained at the time of dispensing the prescription, please dispense the maximum quantity allowed as listed below and contact the prescriber to obtain prior authorization for a larger quantity before the patient returns for a refill. Please do not allow patients to go without their medications.

The limits are noted below. Tablet strengths not listed below have no quantity limits.

- Risperdal® 2 doses per day/ 68 tablets per month of .25mg; .5mg; 1mg; 2mg
- Abilify® 1 tablet per day/ 34 tablets per month of 5mg; 10mg; 15mg
- Geodon® 2 doses per day/ 68 capsules per month of 20mg; 40mg
- Zyprexa® 1 tablet per day/ 34 per month of 2.5mg; 5mg; 7.5mg and Zyprexa® Zydis® 5mg
- Seroquel® 4 tablets per day/ 136 per month of 25mg

Forms Added to Maryland Pharmacy Program Website

All PDL forms, specialty prior authorization forms and pharmacy compounding forms are now available on the website and can be downloaded directly from: http://www.dhmh.state.md.us/mma/mpap/forms.htm. All sections of these forms should be completed and signed by the prescriber in order to expedite processing of requests.

PREFERRED DRUG LIST FORMS	
	• PDL Prior Authorization Request Fax Form • PDL Medication Change Fax Form (For pharmacists to use to notify prescribers of preferred alternatives and preauthorization requirements)
SPECIALTY FORMS	
	• Actiq® Pre-Authorization Form • Atypical Antipsychotic Agents (For prescribers to request an authorization to override maximum allowable quantities for atypical antipsychotic agents) • Growth Hormone (GH) Pre-Authorization Request Form • DHMH Medwatch Form (For prescribers to use for attesting to justifications for "Brand Medically Necessary") Instructions for Completing Medwatch Form • Nutritional Supplement Pre-Authorization Form • Palladone™ Prior Authorization Form • Serostim® Treatment of AIDS Wasting Syndrome (For prescribers statement of medical necessity for Serostim® treatment) • Synagis® (palivizumab) Pre-Authorization Form
INVOICES	
Pharmacy Compounding	• Pharmacy Compound Invoice (Required for reimbursement to pharmacies for compounding services) Instructions for Completing Pharmacy Compound Invoice • Standard Invoice for All IV Compounds (Form to submit for reimbursement for VI compounding material and services) Instructions for Completing Invoice for All IV Compounds • TPN & Hydration Cost Breakdown (Table for computing TPN Costs)
Clotting Factor and High-Cost Drugs	• Clotting Factor and High-Cost Drug Standard Invoice (Required for reimbursement of clotting factor and charges exceeding $2,500) • Clotting Factor and High-Cost Drug Administration Record (Table for computing clotting factor and other high-cost ingredients)

PMAC/IDC Table Available on MPP Website

A table listing drugs which are subject to Maximum Allowable Cost (MAC) and Interchangeable Drug Cost (IDC) is now available on the MPP website. The table can be downloaded in excel or text format and is available at http://www.dhmh.state.md.us/mma/mpap/mac.html. This table will be updated as new drugs are added or MAC prices are updated. If you find that the amount allowed is no longer realistic, please contact the department at 410-767-1455.

Quantity Limitations for Anti-Migraine Agents (Triptans)

The Maryland Pharmacy Program will be implementing quantity limits for the anti-migraine agents 5-HT1 agonists, commonly referred to as "Triptans". The purpose of these quantity limitations is to ensure the safe and appropriate use and minimize waste of these very expensive medications.

The Triptans are intended to be used as abortive therapy for migraine headaches. The use of these agents should be limited, when possible, to two days per week since more frequent use can lead to rebound headaches. If patients require the use of these agents more than two days per week then they should be evaluated for the addition of some kind of preventative agent such as propranolol.

Please refer to the following chart of quantity limitations for the Triptans which will be implemented within the next few weeks. Exceptions to the quantity limits can be obtained with prior authorization. Some override provisions may be considered for any of the following situations:

- Drug is lost or stolen
- Vacation/travel supply
- Prescriber justification for excess quantity request which may include reduced hospitalizations and ER visits secondary to headache or migraine disorder. ℞

QUANTITY LIMITS FOR ANTI-MIGRAINE AGENTS (TRIPTANS)

Brand Name	Generic Name	Strength	Dosage Form	How Supplied	Limit per Month
PREFERRED AGENTS *					
Amerge®	naratriptan	1 mg 2.5 mg	Tablet Tablet	9 tablets/pkg 9 tablets/pkg	9 tabs 9 tabs
Imitrex®	sumatriptan	25 mg 50 mg 100 mg	Tablet Tablet Tablet	9 tablets/pkg 9 tablets/pkg 9 tablets/pkg	9 tabs 9 tabs 9 tabs
		5 mg	Injection	2 injections/pkg	2 injections
		5 mg 20 mg	Nasal Spray Nasal Spray	6 units/pkg 6 units/pkg	6 units 6 units
Maxalt® Maxalt® MLT	rizatriptan	5 mg 10 mg 5 mg 10 mg	Tablet Tablet Orally Disintegrating Tablet Orally Disintegrating Tablet	6 tablets/pkg 6 tablets/pkg 2 units of 3/pkg 2 units of 3/pkg	6 tabs 6 tabs 6 tabs 6 tabs
NON-PREFERRED AGENTS *					
Axert®	almotriptan	6.25 mg 12.5 mg	Tablet Tablet	6 tablets/pkg 6 tablets/pkg	6 tabs 6 tabs
Frova®	frovatriptan	2.5 mg	Tablet	9 tablets/pkg	9 tabs
Relpax®	eletriptan	20 mg 40 mg	Tablet Tablet	12 tablets/pkg 12 tablets/pkg	12 tabs 12 tabs
Zomig® Zomig® ZMT	zolmitriptan	2.5 mg 5 mg	Tablet Tablet	6 tablets/pkg 3 tablets/pkg	6 tabs 6 tabs
		5 mg	Nasal Spray	6 units/pkg	6 units
		2.5 mg 5 mg	Orally Disintegrating Tablet Orally Disintegrating Tablet	6 tablets/pkg 3 tablets/pkg	6 tabs 6 tabs

* The preferred status of these agents may change after the next P&T Committee meeting.

CRITERIA FOR APPROVAL: Prior authorization will be needed for any medications prescribed above the indicated quantity limits. Prior authorization will **NOT be given for prophylactic therapy** of migraine headache.

LENGTH OF AUTHORIZATION: Preferred - Indefinite; Non-Preferred - One Year

Brand Medically Necessary Prescription

Since November 1, 2004, completion of a DHMH Medwatch form and prior authorization has been required to dispense any brand name drug for which an approved generic is available. The Department has received numerous requests for brand name drugs over the past few months. Many of these requests are for brand name narcotic agents. The vast majority of these requests are being denied since the requests do not demonstrate that there was a true adverse reaction to the generic product or a documented therapeutic failure of the generic.

The following are some requests for brand medications which were not approved:

"Allergic to all generic medications"
"Patient has sensitivity to all generics"
"Needs Brand"
"Generic Paxil causes nausea"
"Generic Demerol does not work"

Only those requests that can clearly demonstrate an adverse event was precipitated by taking the generic or a documented therapeutic failure will be approved. Adverse events include those that would not be expected to occur while taking the brand, such as an allergy or reaction to a tablet dye or inactive ingredient that was unique to the generic and not included in the brand name formulation. Therapeutic failures must be clearly and completely documented by the prescriber. Please discourage recipients and prescribers from submitting request for multi-source brand name drugs without valid reasons.

Copies of DHMH Medwatch forms can be found at *www.dhmh.state.md.us/mma/mpap/medwatch.htm.*

DHMH Medwatch forms must be completed by the prescriber and faxed to the Maryland Pharmacy Program at 410-333-5398 for review. Prescribers must write "Brand Medically Necessary, DHMH Medwatch Form Submitted" on the prescription order. If the authorization for dispensing the brand has been approved by the Maryland Pharmacy Program, the prescription may be filled by entering DAW = 1 in the DAW code indicator field. Any questions regarding prior authorization of multi-source brand name medications should be directed to the Maryland Pharmacy Program at 410-767-1455. ℞

Retrospective Drug Utilization Review:

Therapeutic Duplication of Atypical Antipsychotic Agents

A retrospective drug utilization review, which included a prescriber directed educational intervention program, was performed in September, 2004. Recipients were identified who may be receiving two atypical antipsychotic agents concurrently.

The use of two concurrent atypical antipsychotic agents is not supported in the medical literature and should only be considered for patients refractory to treatment with single agents at maximum tolerated doses. The use of two atypical agents not only leads to the risk of increased adverse drug reactions, but also dramatically increases the cost of treatment because of the very high cost associated with these agents.

An educational intervention letter containing a complete drug history profile for the recipients involved were sent to the recent prescribers of two concurrent atypical antipsychotic agents. The letter was educational and informational in nature. The complete drug history profile was forwarded with the intervention letter so that prescribers could be made aware of prescribing by other providers. A brief treatment algorithm along with information concerning the adverse effects and cost of the atypical agents was also included with the letter and the drug history profile.

Prescribers who received an intervention letter were asked to indicate any action they may take in reference to the intervention letter and also to rate the usefulness of the intervention letter and drug history profile.

A total of 500 recipients with evidence of duplicate therapy were reviewed and 400 selected for intervention. A response rate from prescribers of 32% was achieved. Responses to the letter intervention program were generally favorable. Approximately one third of the prescriber responses indicated that some positive action had been or would be taken. The information contained in the intervention letters and drug history profiles was rated as extremely useful or useful by 52% of prescribers who responded to that section of the response form. A follow-up evaluation is planned for second quarter 2005 to evaluate the impact on prescribing of atypical agents in the selected population. ℞

Maryland Preferred Drug List Updates

(*Drug categories with changes as a result of the December 2, 2004 Pharmacy and Therapeutics Committee Meeting*)

ANTI-INFECTIVES

Antifungals, Topical

Preferred

ciclopirox lotion (Leprox)
clotrimazole (Lotrimin)
clotrimazole/betamethasone (Lotrisone)
econazole (Spectazole)
ketoconazole (Nizoral)
nystatin (Mycostatin)
nystatin/triamcinolone (Mycolog II)
Mentax
Naftin
Nizoral Shampoo

Requires Prior Authorization

Ertaczo
Loprox Shampoo
Loprox Topical
Penlac
Exelderm
Oxistat

Antivirals

Preferred

acyclovir (Zovirax)
amantadine (Symmetrel)
ganciclovir (Cytovene)
rimantadaine (Flumadine)
Tamiflu
Valcyte
Valtrex

Requires Prior Authorization

Relenza
Famvir

Macrolides/Ketolides

Preferred

erythromycin
Biaxin, XL
Zithromax

Requires Prior Authorization

Branded erythromycin products
Ketek

ANTI-INFECTIVES (cont.)

Cephalosporin and Related Agents

Preferred

amoxicillin/clavulanete (Augmentin)
cefaclor (Ceclor, CD)
cefacroxil (Duricef)
cefuroxime (Ceftin)
cephalexin (Keflex)
Augmentin XR
Cefzil
Spectracef

Requires Prior Authorization

Cedax
Lorabid
Panixine
Raniclor
Suprax
Omnicef

CARDIOVASCULAR

Lipotropics, Statins

Preferred

lovastatin (Mevacor)
Advicor
Altoprev
Caduet
Crestor
Lescol, XL
Lipitor
Pravachol
Vytorin
Zocor

Requires Prior Authorization

Pravigard PAC

GASTROINTESTINAL

Antiemetics, Oral

Preferred

metoclopramide (Reglan)
Emend
Kytril
Marinol
Zofran

Requires Prior Authorization

Anzemet

RESPIRATORY

Bronchodilators, Anticholinergics

Preferred

ipratropium neb (Atrovent)
Atrovent
Combivent
Spiriva

Requires Prior Authorization

Duoneb

Beta$_2$-Agonist Bronchodilators

Preferred

albuterol (Proventil, Ventolin, Ventolin HFA)
albuterol HFA (Proventil HFA)
metaproterenol (Alupent)
terbutaline (Brethine)
Maxair
Serevent Diskus
Xopenex

Requires Prior Authorization

Accuneb
Alupent
Vospire ER
Foradil

Contact Information

First Health			
First Health ProDur Help Desk	800-884-7387	First Health Technical Help Desk	800-884-3238
First Health PDL PA Phone	800-932-3918	First Health PDL PA Fax	800-932-3921

Managed Care Organizations Pharmacy Benefits Manager or MCO Contact			
AMERIGROUP Corporation	800-454-3730	Maryland Physicians Care	800-953-8854
Diamond Plan for Coventry Health Care	877-215-4100	Priority Partners	888-819-1043
Helix Family Choice	800-905-1722	United HealthCare	800-922-1557
Jai Medical Systems, Inc.	800-213-5640		

HealthChoice (MCO) Inquiries/Complaints			
Provider Hotline	800-766-8692	Recipient Hotline	800-284-4510

Eligibility Verification System (EVS)
410-333-3020 (Balto Metro) or 800-492-2134 (Available 24 hours a day / 7 days a week)

Main Department Numbers	
Department of Health and Mental Hygiene	877-4MD-DHMH
Division of Pharmacy Services	877-4MD-DHMH, x71455, or 410-767-1455
Division of Eligibility Services (Pharmacy Only)	800-226-2142 or 443-263-7090
Pharmacy/Nutritional Preauthorization Line	800-492-5231 Option 3 or 410-767-1755
Growth Hormone/Synagis Preauthorization Line	800-492-5231 Option 3 or 410-767-1755
Pharmacy Access Hotline for recipients	800-492-5231 Option 3 or 410-767-5800

Miscellaneous Numbers			
AIDS Administration	800-205-6308	Md. AIDS Drug Assistance Program	410-767-6535
Dental, Audiology and Vision	410-767-1485	Medicaid, Mental Health	410-767-1442
Department of Veterans Affairs	877-222-8387	Paid Claim Status	410-767-5987
DME/DMS	410-767-1739	Pharmacy Assistance Eligibility	800-226-2142
HealthChoice Enrollee Action Line	800-284-4510	Pharmacy Assistance Policy	410-767-1455
Free-Standing Clinics	410-767-1489	Physician Services	410-767-1722
First Call for Help	800-492-0618	Provider Enrollment	410-767-5340
Hospital Services	410-767-1722	Provider Relations	800-445-1159 ext 5503
Kidney Disease Program	410-767-5000	Transportation	410-767-1436
MED Bank of Maryland	410-821-9262	- *This number is for physicians only.*	

Newsletter Website and Contact Information	
DHMH Website	*http://www.dhmh.state.md.us/*
HealthChoice Website	*http://www.dhmh.state.md.us/mma/healthchoice/*
HealthChoice MCO Formulary Website	*http://www.mdmahealthchoicerx.com/*
Maryland Pharmacy Program	*http://www.dhmh.state.md.us/mma/mpap/*
First Health Website	*http://mdmedicaidrx.fhsc.com/*
Provider Synergies Website	*http://www.providersynergies.com/pages/medicaid_maryland_pdl.html*

For comments to help improve this newsletter please contact Health Information Designs, Inc. at 443-260-2555 or toll free 1-866-260-2555, or e-mail to mdmahealthchoicerx@hidinc.com

Pharmacy News and Views
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Appropriate Use of Palladone™ (long acting hydromorpone)

A new long acting once a day formulation of hydromorphone is now available. Palladone™ (hydromorphone HCl extended-release) capsules are available in 12mg, 16mg, 24mg and 32mg strengths. Palladone™ is only indicated for the management of persistent, moderate to severe pain in patients requiring continuous, around-the-clock analgesia with a high potency opioid for an extended period of time (weeks to months) or longer. Treatment with Palladone™ should only be initiated in patients for the replacement of other opioid therapy, who have demonstrated opioid tolerance, and who require a minimum total daily dose of opiate medication equivalent to 12mg of oral hydromorphone.

Palladone™ should be administered only once every 24 hours. Appropriate patients for treatment with Palladone™ include patients who require high doses of potent opioids on an around-the-clock basis for an extended period of time to improve pain control and patients who have difficulty attaining adequate analgesia with immediate-release opioid formulations.

Palladone™ is contraindicated for use on an as needed basis (i.e., prn). Palladone™ should never be used as the first opioid product prescribed for a patient, or in patients who require opioid analgesia for a short period of time. Use of Palladone™ in non-opioid-tolerant patients may lead to fatal respiratory depression. Palladone™ capsules are to be swallowed whole and are not to be broken, chewed, opened, dissolved or crushed. Taking broken, chewed, dissolved, or crushed Palladone™ capsules or its contents can lead to the rapid release and absorption of a potentially fatal dose of hydromorphone. Due to the high doses of hydromorphone contained in Palladone™ capsules, Palladone™ has a very high potential for misuse and abuse. The Maryland Pharmacy Program is developing prior authorization criteria for the use of the drug. Prior Authorization forms are available on the website at http://www.dhmh.state.md.us/mma/mpap/forms.htm. ℞

Upcoming Continuing Education Program

On March 20, 2005 from 8 a.m. to 12 noon at the Holiday Inn Select, Timonium, MD, there will be a continuing education program entitled, “Update for Pharmacists on HIV/AIDS”. Three ACPE CE credits will be awarded for attendance. The speaker is Dr. Jeffery Levy. There will also be a presentation from MADAP. The price is $40 which includes a full buffet breakfast from 8 to 9 a.m. For information or reservations call Stanley Karmiol at 410-653-0338.

All Program information and updates featured in this issue of ***Pharmacy News and Views*** are the best information available at the time of printing. Any updates that became effective after the date of printing will be included in the next issue of our newsletter.