



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

Charles E. Lehman  
Executive Director

**Maryland Pharmacy Program**  
**Transmittal No. 190**  
**May 25, 2009**

TO: Physicians, Pharmacies, Hospitals, Clinics, Nursing Homes, Intermediate Care Facilities for People with Mental Retardation, Residential Treatment Centers for Children Under 21, Nurse Practitioners, Nurse Midwives, Dentists, Podiatrists

FROM: Charles E. Lehman, Executive Director *Charles E. Lehman*  
Office of Systems, Operations and Pharmacy

RE: Maryland Medicaid Mental Health Formulary Managed Care Carve Out  
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- The Maryland Medicaid Mental Health Formulary Managed Care Carve-Out is being modified **effective July 1, 2009**. In the past, there were six drugs on the Mental Health Formulary that were not billed fee-for-service, even though these drugs were part of the drug classes that make up the Mental Health Formulary. These six drugs include all dosage forms of the following:
 

carbamazepine (Tegretol <sup>®</sup> )	lamotrigine (Lamictal <sup>®</sup> )
gabapentin (Neurontin <sup>®</sup> )	topiramate (Topamax <sup>®</sup> )
midazolam (Versed <sup>®</sup> )	droperidol (Inapsin <sup>®</sup> )
- Prescriptions for these six drugs with a date-of-service on or after July 1, 2009 for HealthChoice and Primary Adult Care (PAC) members must be billed fee-for-service, (BIN 610084, PCN DRMDPROD, Group ID MDMEDICAID), the same as all of the other drugs in the Mental Health Formulary.
- Effective July 1, 2001:
  - For HealthChoice members:
    - a \$1.00 co-payment for generic and preferred branded medications and a \$3 co-payment for branded medications will apply. No co-payment is required if the member is:
      - Younger than 21 years old,
      - Pregnant,
      - A patient in a long-term care facility.
    - The drug must be dispensed whether or not the member can afford the co-payment.



- For PAC members:
  - A \$2.50 co-payment for generic and preferred branded medications and a \$7.50 co-payment for branded medications will apply.
  - Pharmacy is not required to dispense the drug if the member does not pay the co-payment.
  
- Attached is the complete table showing the American Hospital Formulary Service (AHFS) therapeutic classes included in the Maryland Medicaid Mental Health Formulary Managed Care Carve-Out. Products are listed alphabetically within each AHFS class. The brand name is used when the drug is not generically available.
  
- Prescribers are advised to consult the Preferred Drug List (PDL) to determine whether it is necessary to obtain a PA if the drug is non-preferred. The PDL is available online at <http://www.dhmh.state.md.us/mma/mpap/druglist.html> or at [Epocrates.com](http://Epocrates.com).
  
- Questions concerning this transmittal should be directed to the Division of Pharmacy Services at 410-767-1455.

Attachment

**Maryland Medicaid Mental Health Formulary**

The following table includes mental health drugs which are carved out of the Managed Care Organization (MCO) pharmacy benefit. Some of these drugs are subject to prior authorization requirements of the Preferred Drug List. Refer to <http://www.dhmd.state.md.us/mma/mpap/prefdruglist.html> for a complete listing of all drugs subject to preferred drug list requirements.

All drugs from American Hospital Formulary Service (AHFS) therapeutic classes included in this table, including specific drugs that may not be listed in this table, are carved out of the MCO pharmacy benefit and are payable as fee-for-service through Maryland Medical Assistance, *unless otherwise noted*.

**The following seven drugs, which may be used for some mental health indications, are not payable fee-for-service (unless otherwise noted) and are the responsibility of the HealthChoice MCOs for their enrollees, regardless of the prescriber.**

Leuprolide acetate <sup>+</sup>	Naltrexone	Liothyronine
Clonidine	Medroxyprogesterone <sup>+</sup>	Disulfiram
Guanfacine		

<sup>+</sup> When used for the treatment of adult males with certain diagnosed behavioral disorders, these two drugs will be paid fee-for-service, but will require preauthorization (PA) through the University of Maryland School of Pharmacy CAMP program at 410-706-3431.

*Please note: Brand drugs which currently do not have a generic equivalent are listed by brand name in italics. Those drugs currently available generically are listed by generic name. Brand drugs, which are available as multi-source generics, require prior approval and completion of a Maryland Medwatch Form unless otherwise noted on the Maryland Medicaid Preferred Drug List. Brand name drugs are in italic print.*

Therapeutic Class	Drug
Anticholinergic Agents	benztropine
AHFS Class No. 283608	<i>Kemadrin</i>
	trihexyphenidyl
Miscellaneous Anticonvulsants	<i>Banzel</i>
AHFS Class No. 281292	carbamazepine
	<i>Felbatol</i>
	gabapentin
	<i>Gabitril</i>

	<p><i>Keppra XR</i></p> <p>lamotrigine</p> <p>levetiracetam</p> <p><i>Lyrica</i></p> <p>oxcarbazepine</p> <p><i>Stavzor</i></p> <p>topiramate</p> <p>valproate/divalproex</p> <p><i>Vimpat</i></p> <p>zonisamide</p>
<p>Antidepressants</p> <p>AHFS Class No. 281604</p>	<p>amitriptyline</p> <p>amoxapine</p> <p><i>Aplenzin</i></p> <p>bupropion</p> <p>bupropion SR</p> <p>bupropion XL</p> <p>citalopram</p> <p>clomipramine</p> <p><i>Cymbalta</i> - Clinical criteria apply see  <a href="http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm">http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm</a></p> <p>desipramine</p> <p>doxepin</p> <p><i>Effexor XR</i></p> <p>fluoxetine</p> <p>fluvoxamine</p> <p>imipramine</p>

*Luvox CR*

*Lexapro*

maprotiline

*Marplan*

mirtazapine

mirtazapine Soltab

*Nardil*

nefazodone

nortriptyline

*Parnate*

paroxetine

*Paxil CR*

*Pexeva*

*Pristiq*

protriptyline

*Prozac Weekly*

*Sarafem*

sertraline

*Surmontil*

*Symbyax*

trazodone

venlafaxine

*Venlafaxine ER*

Antipsychotic Agents

AHFS Class No. 281608

*Abilify*

chlorpromazine

clozapine

	<p><i>FazaClo</i></p> <p>fluphenazine</p> <p><i>Geodon</i></p> <p>haloperidol</p> <p><i>Invega</i></p> <p>loxapine</p> <p><i>Moban</i></p> <p><i>Orap</i></p> <p>perphenazine</p> <p>risperidone</p> <p><i>Risperdal Consta</i></p> <p><i>Risperdal M-Tab</i></p> <p><i>Seroquel</i></p> <p><i>Seroquel XR</i></p> <p><i>Symbyax</i></p> <p>thioridazine</p> <p>thiothixene</p> <p>trifluoperazine</p> <p><i>Zyprexa</i>- Clinical criteria apply see  <a href="http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm">http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm</a></p> <p><i>Zyprexa Zydys</i>- Clinical criteria apply see  <a href="http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm">http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm</a></p>
<p>Amphetamines</p> <p>AHFS Class No. 282004</p>	<p><i>Adderall XR</i></p> <p>amphetamine</p> <p><i>Desoxyn</i></p> <p>dextroamphetamine</p>

	<p>methamphetamine</p> <p><i>Vyvanse</i></p>
<p>Anorexigenic Agents and Respiratory and Cerebral Stimulants (Anorexigenic Agents are not covered)</p> <p>AHFS Class No. 282092</p>	<p><i>Concerta</i></p> <p><i>Daytrana</i></p> <p><i>Focalin</i></p> <p><i>Focalin XR</i></p> <p><i>Metadate CD</i></p> <p>methylphenidate</p> <p><i>Provigil</i></p> <p><i>Ritalin LA</i></p>
<p>Anxiolytics, Sedatives and Hypnotics – Benzodiazepines</p> <p>AHFS Class No. 282408</p>	<p>alprazolam</p> <p>chlordiazepoxide</p> <p>clorazepate</p> <p><i>Diastat</i></p> <p>diazepam</p> <p><i>Doral</i></p> <p>estazolam</p> <p>flurazepam</p> <p>lorazepam</p> <p>midazolam</p> <p>oxazepam</p> <p><i>Restoril 7.5 mg</i></p> <p><i>Restoril 22.5 mg</i></p> <p>temazepam</p> <p>triazolam</p>

<p><i>Miscellaneous Anxiolytics, Sedatives and Hypnotics</i></p> <p><i>AHFS Class No. 282492</i></p>	<p><i>Ambien CR</i></p> <p>bupirone</p> <p>chloral hydrate</p> <p>droperidol</p> <p>hydroxyzine</p> <p><i>Lunesta</i></p> <p>meprobamate</p> <p><i>Rozerem</i></p> <p>zaleplon</p> <p>zolpidem</p> <p><i>Zolpimist</i></p>
<p><b>Antimanic Agents</b></p> <p>AHFS Class No. 282800</p>	<p>lithium</p>
<p><b>Central Nervous Systems Agents Misc.</b></p> <p>AHFS Class No. 289200</p>	<p><i>Strattera</i> – Clinical criteria apply see <a href="http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm">http://www.dhmh.state.md.us/mma/mpap/clinicalcriteria.htm</a></p> <p><i>Strattera</i> is the only drug carved out fee-for-service in this AHFS drug class.</p>
<p><b>MAO Inhibitors</b></p> <p>AHFS Class No. 283632</p>	<p><i>Emsam</i></p> <p><i>Emsam</i> is the only drug carved out fee-for-service in this AHFS drug class</p>