



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

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**Maryland Medical Assistance Program  
General Provider Transmittal No. 69  
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TO: Physicians, Hospitals, Clinics, Nursing Homes, Intermediate Care Facilities for people with Mental Retardation, Residential Treatment Centers for Children under age 21, Nurse Practitioners

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

SUBJECT: Continuity of Mental Health Medication During Hospital to Community Transition for Maryland Medicaid and HealthChoice Patients

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The source of payment for prescription medications changes when a patient is discharged from an acute care facility or a mental health inpatient service. To minimize the risk of interrupting the patient's drug regimen, the discharge planning process should include a survey of the particular medications ordered and identification of the patient's prescription drug insurance coverage.

This step in the discharge planning process is particularly critical for Medicaid patients with prescriptions for mental health medications because:

- Medicaid patients typically do not have the ability to pay cash for their prescriptions; and
- Continuity of drug regimen prevents relapse of symptoms and re-hospitalization.

The Maryland Medicaid Pharmacy Program has no formulary as such, but rather has established a Preferred Drug List (PDL) to insure the availability of efficacious, safe and cost effective drug options. The following classes of mental health drugs are included on the PDL: anticonvulsants, stimulants and related agents, antidepressants (SSRIs and others), atypical antipsychotics and sedative hypnotics.

**In planning for discharge of Medicaid patients to the community with orders for an Atypical Antipsychotic medication, the prescriber should check the prescriptions against the current PDL. If the prescribed medication has clinical criteria and/or requires Prior Authorization (PA), the prescriber should obtain the PA before discharge. Currently, Zyprexa® is the only Atypical that is a Tier 2 drug (due to clinical criteria) and requires a PA.**

Information about the status of drugs on the PDL can be found in several ways:

- telephone 800-932-3918 anytime, 24 hours a day, 7 days a week;
- visit website <http://www.dhmh.state.md.us/mma/mpap/druglist.html>; or
- consult Epocrates<sup>®</sup>, a free, online or downloadable reference at <http://www.epocrates.com/>. Epocrates<sup>®</sup> also gives information about any quantity limits or other restrictions that may apply to a particular drug.

Prior to discharge, the prescriber must personally call **800-932-3918** to obtain a PA. The prescriber need not provide a justification or meet any special conditions or criteria. Preauthorization requests can be processed at any time, 7 days a week, 24 hours a day, and will last one full year. Phone requests for PA are effective immediately. A PA can also be obtained using a fax form (see attached) which the prescriber must personally sign. A separate form is required for each prescription. It may take up to 24 hours for fax submissions to become effective.

Attachment (1)

