DAUPHIN COUNTY MH/MR PROGRAM
POLICY AND PROCEDURE

Department  X  MH  Policy No.  99-03

__ MR  Effective Date  March 19, 1999

__ Admin  Revision Date  September 28, 2010

__ Crisis  Approved  [Signature]

Title: Dauphin County MH/MR Program Psychiatric Medication Prescription Coverage Plan

Policy: The Dauphin County MH/MR Program will provide a psychiatric medication coverage plan to eligible consumers.

Definitions:

Eligible consumers – A consumer is eligible for the Dauphin County MH/MR funded psychiatric medication prescription plan when the following two conditions have been met:

1) The consumer is not eligible for any third party insured prescription coverage including, but not limited to, PACE and Medical Assistance coverage.

And

2) The consumer has a current outpatient liability determination that is less than or equal to $100.00 per month.

Formulary – The list of covered medications for which the Program reimburses pharmacists. (Attached)

Participating pharmacy – Pharmacies who have agreed to terms with Express Scripts, Inc. (ESI), which is Dauphin County MH/MR’s contracted prescription plan administrator.

Prescription Co-pay – The dollar amount charged to a consumer for each prescription filled.

Co – Pay Voucher – A form used to verify to a participating pharmacist that a consumer has received a waiver of the co-pay requirement. (Attached)


**Procedure:**

1. For consumers whose cases at the CMU are pre-active or recently activated, Dauphin County MH/MR Prescription Plan coverage eligibility may be granted prior to the consumer’s completion of the liability determination process for a maximum of seven (7) days. Such coverage and exceptional extensions shall be granted at the discretion of the CMU.

2. For consumers who are referred to the County Assistance Office to complete a Medical Assistance application and who meet the eligibility requirements specified above, the CMU will enroll the consumer with Express Scripts, Inc., in the eight ($8.00) co-pay group for up to sixty (60) days. The CMU may, at its discretion, extend this 60-day period of eligibility for an additional thirty (30) days.
   
   A. On or before ninety (90) days after referral to the County Assistance Office, the CMU will verify that the consumer either has obtained Medical Assistance coverage, or been denied coverage, and make appropriate modifications to the person’s liability status and eligibility status for MH/MR prescription coverage.

   B. Consumers who have been referred, but have not completed an application for medical assistance within prescribed timeframes, shall be considered full fee for County funded mental health services, including prescription coverage, until completion of such application.

3. The CMU will enroll eligible consumers who have a liability of “0” dollars with Express Scripts, Inc., in the eight ($8.00) co-pay group.

4. The CMU will enroll eligible consumers who have a liability between $1 and $100 dollars with Express Scripts, Inc., in the ten ($10.00) co-pay group.

5. Upon enrollment with Express Scripts, Inc., the consumer will receive an Express Scripts, Inc., prescription plan card. The consumer shall present the card at any participating pharmacy when requesting that a prescription be filled by that pharmacy.

6. The CMU may grant a waiver of the co-pay requirement to consumers for whom the $8 or $10 co-pay represents a financial hardship. Consumers will present such waiver form(s) to participating pharmacists at the time the consumer requests that a prescription be filled. Keystone ICM and Northwestern Human Services CTT/ACT both utilize their emergency fund and do not use the co-pay waiver form to assist individuals financially with needed co-pays.

7. Pharmacies shall receive reimbursement directly from the CMU when a consumer presents a co-pay voucher waiver. Pharmacists may submit the voucher to the CMU at 1100 South Cameron Street, Harrisburg, PA 17104.

8. The Dauphin County MH/MR Program, through its agreement with ESI, honors prescriptions written for up to 30 days and five refills for each prescribed medication.

9. Participating pharmacies shall request re-imbursement for Dauphin County MH/MR Program covered medications from ESI per the terms of their agreement with ESI.

10. The Dauphin County MH/MR Program provides reimbursement for generic equivalent medications to brand name medications on its formulary (see attached). Consumers who
request brand name instead of generic equivalents shall be responsible for the difference in cost between the brand name and generic equivalent.

11. Case managers may request that the Dauphin County MH Program grant exceptions to the approved prescription formulary on behalf of consumers eligible for the County’s prescription program who have a prescription for a medication not included on the approved formulary.

A. This is a one-time only benefit for a maximum of 60 days until another source of coverage is obtained. Any subsequent re-requests for this benefit will be reviewed and a determination made by County Administrator or designee.

B. The consumer’s case manager will request a formulary exception for a consumer with a prescription for a non-covered medication by completing a Request for Formulary Exception form. The Request for Formulary Exception form (attached) includes a requirement for verification of a plan to transition payment or coverage for the medication to another payment source. Examples of such plans include, but are not limited to, an MA application in process, a Special Pharmaceutical Benefits Program (SPBP) application in process, an indigent or patient assistance program application in process, or other funding source.

C. The request will be reviewed by the CM supervisor, and a plan will be developed to assure consumers are funded for medications after the 60-day coverage expires. It is also imperative that every possible coverage option (including samples from OP provider) has been explored prior to submission to the Adult MH Program Specialist.

D. Once the exception is approved by the CM supervisor and a plan of action is established, the CM supervisor will forward the request to the Adult MH Program Specialist or the Deputy MH Administrator for review and approval.

E. The Adult MH Program Specialist or the Deputy MH Administrator will approve such requests on a time limited and case-by-case basis by completing the County portion of the Request for Formulary Exception form.

F. Upon approval, the County MH Program staff will notify ESI to complete a manual override of the formulary exception, and approval notification is sent by ECI electronically via a secure email within one business day of the request.

G. ESI will complete a manual override of the formulary that is associated with the consumer ID, and the override of the formulary will be valid at any participating ESI pharmacy.

12. The Dauphin County MH/MR Program will consider requests for exceptions to the generic equivalent requirement when a prescribing physician makes a written request to the Deputy MH Administrator. The request must specify the medical necessity for the use of brand name medications instead of a generic equivalent.

A. The Deputy MH Administrator or designee shall make a decision regarding the request for exception to the generic equivalent requirement within five business days of the receipt of the request.

B. When a request is approved, the Deputy MH Administrator or designee shall submit notification of such approval to Express Scripts, Inc., member services staff. ESI member services staff will make the necessary modifications to allow brand name medication to be dispensed to the consumer at any participating pharmacy.
C. In the event that the request is denied, the Deputy MH Administrator or designee shall notify the physician and the consumer in writing of the decision and the basis for the denial.

13. Providers under contract with Dauphin County MH/ MR may make requests to the Dauphin County MH/ MR Pharmacy Therapeutic Review Committee (PTRC) to consider changes or additions to the formulary. Requests may be directed to the Adult MH Program Specialist.
<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
<th>Brand Name</th>
<th>Generic Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adderall</td>
<td>Amphetamine Mixed Salts</td>
<td>Mysoline</td>
<td>Primidone</td>
</tr>
<tr>
<td>Ambien</td>
<td>Zolpidem</td>
<td>Navane</td>
<td>Thiothixene</td>
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<tr>
<td>Anafranil</td>
<td>Clomipramine</td>
<td>Neurontin</td>
<td>Gabapentin</td>
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<tr>
<td>Artane</td>
<td>Trihexyphenidyl</td>
<td>Norpramin</td>
<td>Desipramine</td>
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<td>Ativan</td>
<td>Lorazepam</td>
<td>Pamelar</td>
<td>Nortriptyline</td>
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<td>Benadryl</td>
<td>Diphenhydramine</td>
<td>Parnate</td>
<td>Tranlycypromine</td>
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<tr>
<td>Buspar</td>
<td>Buspirone</td>
<td>Paxil</td>
<td>Paroxetine</td>
</tr>
<tr>
<td>Catapres</td>
<td>Clonidine</td>
<td>Prolinx Decanoate</td>
<td>Fluphenazine/Decanoate</td>
</tr>
<tr>
<td>Celexa</td>
<td>Citalopram</td>
<td>Prozac</td>
<td>Fluoxetine</td>
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<td>Cogentin</td>
<td>Benztropine</td>
<td>Remeron</td>
<td>Mirtazapine</td>
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<td>Cyler</td>
<td>Pemoline</td>
<td>Restoril</td>
<td>Temazepam</td>
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<td>Flurazepam</td>
<td>Ritalin</td>
<td>Methylphenidate</td>
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<td>Depakene</td>
<td>Valproic Acid</td>
<td>Serax</td>
<td>Oxapam</td>
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<td>Divalproex Sodium</td>
<td>Serentil</td>
<td>Mesoridazine</td>
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<td>Divalproex Sodium ER</td>
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<td>Methamphetamine</td>
<td>Stelazine</td>
<td>Trifluoperazine</td>
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<td>Trazodone</td>
<td>Summontil</td>
<td>Trimplamine</td>
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<td>Dextroamphetamine</td>
<td>Symmetrel</td>
<td>Amantadine</td>
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<tr>
<td>Effexor</td>
<td>Venlafaxine</td>
<td>Synthroid</td>
<td>Levothyroxine</td>
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<td>Effexor XR</td>
<td>Venlafaxine XR</td>
<td>Tegretol</td>
<td>Carbamazepine</td>
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<tr>
<td>Elavil</td>
<td>Amitriptyline</td>
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<td>Chlorpromazine</td>
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<td>Lithium Carbonate</td>
<td>Tofranil</td>
<td>Imipramine</td>
</tr>
<tr>
<td>Haldol/Decanoate</td>
<td>Haloperidol</td>
<td>Tranxene</td>
<td>Chlorzepate</td>
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<td>Unitroid</td>
<td>Levothyroxine</td>
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<td>Levohyroxine</td>
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<td>Vivactil</td>
<td>Protriptyline</td>
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<td>Lithobid</td>
<td>Lithium Carbonate</td>
<td>Wellbutrin</td>
<td>Buproprion</td>
</tr>
<tr>
<td>Loxitane</td>
<td>Loxapine</td>
<td>Wellbutrin/XR</td>
<td>Buproprion/XR</td>
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<tr>
<td>Luvox</td>
<td>Fluvoxamine</td>
<td>Xanax</td>
<td>Alprazolam</td>
</tr>
<tr>
<td>Moban</td>
<td>Molindone</td>
<td>Zoloft</td>
<td>Sertraline</td>
</tr>
</tbody>
</table>

Bolded print indicates absence of generic availability

Revised 1-28-10

[Signature]
CO-PAY VOUCHER

NOTIFICATION TO PHARMACIST:

The CMU authorizes a waiver of the County Prescription Plan Co-Pay due to special circumstances. This voucher assures that your pharmacy will be reimbursed for the full amount of Co-Pay. This voucher is valid only for the individual named below. A separate voucher is required for each prescription (can be used for a new prescription or a refill).

Client Name: ____________________________________________
BSU Number: ___________________________
Medication to be filled: _______________________________________

Amount of Reimbursement: ___________________________

Authorizing Signature: ____________________________________________ Date: ________________

PHARMACY NAME AND ADDRESS

Please submit this voucher and receipt to the CMU for reimbursement to:

CMU
c/o Accounts Payable
1100 South Cameron Street
Harrisburg, PA 17104

Do not accept or submit copies of this voucher.
Valid only if original Authorizing Signature is present

Expires 30 days from the date of Authorizing Signature
Dauphin County MH/MR Program
Request for Formulary Exception

Consumer Name: _______________________________ SS# __________________________

BSU# _______________________________ Date of Birth ____________________________

Case Manager making request: ________________ Date of Request ________________

Case Manager Agency name: ___________________________________ Phone # __________

Medication(s) exception requested: ______________________ Dosage: ________________
(if known)

Initial Request: □ Yes □ No  Previously Requested: □ Yes □ No  Date: _______________

Justification for Re-request: ____________________________________________________

_____________________________________________________________________________

Supervisor’s Approval: ______________________ Date: ______________________

Other payment source in process:

☐ MA Application

☐ SPBP Application

☐ Medicare D Program

☐ Patient Assistance Program

☐ Request Samples from OPT Provider

Explanation: ________________________________________________________________

_____________________________________________________________________________

TO BE COMPELED BY MH PROGRAM STAFF

☐ Request Approved: Override Start Date __________ Override End Date __________

☐ Request Denied: ______________________________________________________________________

MH Program Staff Signature __________________________ Date __________________________

Revised June, 2008