

	<b>MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES BULLETIN</b> COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE		
	<b>NUMBER:</b> OMHSAS-08-02	<b>ISSUE DATE:</b> 04/22/08	<b>EFFECTIVE DATE:</b> 10/01/07
<b>SUBJECT:</b> Special Pharmaceutical Benefits Program Mental Health component will transition from Office of Medical Assistance Program to Office of Mental Health and Substance Abuse Services	<b>BY :</b>  <b>Joan L. Erney, J.D.</b> <b>Deputy Secretary for Office of Mental Health and Substance Abuse Services</b>		

**SCOPE:**

This bulletin applies to providers who treat, prescribe, dispense medications or facilitate applications to or for Mental Health clients in the Commonwealth of Pennsylvania.

**PURPOSE:**

The purpose of this bulletin is to notify providers that effective October 1, 2007, the Mental Health component of the **Special Pharmaceutical Benefits Program (SPBP)** relocated to the Office of Mental Health and Substance Abuse Services (OMSHAS). The HIV/AIDS drug component remained with the Office of Medical Assistance Programs.

**BACKGROUND:**

The Special Pharmaceutical Benefits Program is administered by the Pennsylvania Department of Public Welfare and provides payment for atypical antipsychotic medications for eligible participants, with DSM IV specific diagnostic codes for Schizophrenia.

**DISCUSSION:**

Procedural and technical processes will remain the same. The location of the mental health component is the only information that changed. As of October 1, 2007, the updated contact information is as follows:

**Program Title:** Special Pharmaceutical Benefits Program for Mental Health (SPBP MH)

**Address:** SPBP MH  
 P.O. Box 2675  
 Beechmont Building #32  
 Harrisburg, PA 17105-2675

**Phone:** 1-877-356-5355

**Fax:** 717-772-7964

**E-mail:** [SPBPMH@state.pa.us](mailto:SPBPMH@state.pa.us)

Claims for SPBP Mental Health covered drugs will continue to be processed on-line through the First Health Services Corporation. Providers must bill other third party insurance, if applicable, prior to submitting claims to the SPBP. All questions regarding reimbursement and on-line technical assistance should be directed to the First Health Services **Provider Inquiry** Line at: **1-800-835-4080**.

Please note that the current SPBP application for atypical antipsychotic medications is an MA442 form. The SPBP is not an entitlement program and will only consider MA442 applications that meet eligibility criteria and include an appropriate DSM diagnosis for schizophrenia as indicated in the instructions on the application.

**The SPBP's current Mental Health formulary for atypical antipsychotic drugs for schizophrenia is listed below. Please use it as a reference and do not submit claims for drugs NOT listed on the formulary.**

**Special Pharmaceutical Benefits Program Current Atypical Antipsychotic Formulary**

Active SPBP cardholders with identification numbers beginning with the prefix **SP2** are eligible for Abilify – Clozaril (or Clozapine) - Geodon - Risperdal – Seroquel or Zyprexa as prescribed for schizophrenia, to include different types of schizophrenia as defined in the Diagnostic and Statistical Manual (DSM) and the ICD-9 Codes beginning with **295**.

Clients on Clozaril therapy may have Clozaril Support Services through: Provider Types Physician/Physician Groups (31), Outpatient Psychiatric Clinics (08), or Psychiatric Partial Hospitalization Clinics (11). The SPBP does not reimburse any other provider type for this service. The Mental Health Drug Program is exclusively State funded.

If a client has third party insurance that covers drugs, it must be billed prior to billing SPBP. Call **SPBP** Provider Services for billing questions at: **1-800-835-4080**.

**PLEASE NOTE**

**DO NOT SUBMIT CLAIMS FOR DRUGS THAT ARE NOT LISTED ON THE FORMULARY.**

**SPBP DRUG COVERAGE IS DISCONTINUED IF THE CLIENT BECOMES ELIGIBLE FOR DRUG COVERAGE THROUGH THE MEDICAL ASSISTANCE ACCESS CARD AND/OR A MEDICAL ASSISTANCE MANAGED ORGANIZATION. CLIENTS MAY NOT HAVE DRUGS PROVIDED THROUGH BOTH MEDICAL ASSISTANCE AND THE SPBP.**

For additional information about the SPBP (including applications) visit [www.dpw.state.pa.us/ServicesPrograms/MedicalAssistance/AIDSWaiverProgram/AIDSClozarilProgram/](http://www.dpw.state.pa.us/ServicesPrograms/MedicalAssistance/AIDSWaiverProgram/AIDSClozarilProgram/), click Special Pharmaceutical Benefits Program, then click Atypical Antipsychotic Clozaril Program.

Visit the Office of Mental Health and Substance Abuse Services (OMHSAS) Programs website at [www.dpw.state.pa.us/ServicesPrograms/](http://www.dpw.state.pa.us/ServicesPrograms/); go to Mental Health; click More; select Special Pharmaceutical Benefits Program MH.

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO**  
OMHSAS, Division of Quality Management, SPBP MH, P.O. Box 2675, Beechmont Bldg. #32,  
Harrisburg, PA 17105-2675 or phone 1-877-356-5355.