

	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Expansion of Special Pharmaceutical Benefits Clozaril Program	BY  Peg J. Dierkers, Ph.D. Deputy Secretary for Medical Assistance Programs
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ISSUE DATE:	January 28, 2000	
EFFECTIVE DATE:	February 1, 2000	

PURPOSE:

The purpose of this bulletin is to notify providers that the Special Pharmaceutical Benefits Program (SPBP) for Clozaril has expanded to include the following atypical antipsychotic drugs for the treatment of schizophrenia: Zyprexa (olanzapine) Risperdal (risperidone) and Seroquel (quetiapine). This bulletin also notifies providers about revised medical documentation required in conjunction with the application: the inclusion of the DSM IV diagnosis for schizophrenia to be written on the prescription and the addition of a physician's attestation block on the SPBP Clozaril application.

SCOPE:

This bulletin applies to all medical assistance (MA) providers who prescribe and/or dispense drugs for individuals with DSM IV diagnosis of schizophrenia (295.10, 295.20, 295.30, 295.60, 295.90 and who meet the SPBP eligibility criteria.

BACKGROUND:

THE SPBP covers the costs of Clozaril (clozapine) for mental health clients suffering from schizophrenia and specific drugs used for the treatment of low and moderate-income persons living with HIV/AIDS. Reimbursement for SPBP covered drugs is processed on line through the First Health Services Corporation. Providers must bill any third-party insurance, if applicable, prior to billing the SPBP. All questions regarding reimbursement and on-line technical assistance should be directed to the First Health Inquiry Line at 1-800-835-4080.

SPBP clients who convert to or become eligible for drug coverage through an MA ACCESS Card are no longer eligible for SPBP coverage. This restriction also applies to individuals who are members of an MA enrolled managed care plan. Should a client convert to MA drug coverage, providers are advised to submit claims to MA.

The application for SPBP for Atypical Antipsychotic Medications (MA 442 - 12/99) requires the inclusion of a prescription for one of the covered medications listed above as supporting documentation for medical need of the drug. The inclusion of the appropriate DSM IV diagnosis on the prescription and a physician's attestation block on the application are necessary to ensure the drug is being prescribed for schizophrenia. The SPBP will not reimburse providers for the atypical antipsychotic drugs for any other indication. The new MA 442 - 12/99 replaces the former SPBP Clozaril application (MA 442 - 4/95).

Effective February 1, 2000, the SPBP Clozaril Program is referred to as the "SPBP for Specific Atypical Antipsychotic Medications" and covers the cost of Zyprexa (olanzapine) Risperdal (risperidone) and Seroquel (quetiapine) for individuals with schizophrenia (DSM IV codes 295.10, 295.20, 295.30, 295.60, 295.90).

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

SPBP staff at 1-800-922-9834 (In State) or 717/772-6228 (Out of State and Local)

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.