



ISSUE DATE:

August 29, 2017

EFFECTIVE DATE:

Immediately

NUMBER:

OMHSAS-17-03

SUBJECT:

**Special Pharmaceutical Benefits Program-
Mental Health**

BY:

Acting Deputy Secretary

Office of Mental Health and Substance Abuse Services

SCOPE:

This bulletin applies to providers who treat individuals who have a diagnosis of schizophrenia, prescribe or dispense medications, or facilitate applications for individuals who seek to enroll in the Special Pharmaceutical Benefits Program – Mental Health (SPBP-MH).

PURPOSE:

The purpose of this bulletin is to notify providers of:

1. The new application for SPBP-MH.
2. The drugs and services available under SPBP-MH and the reimbursement process.

BACKGROUND:

The SPBP-MH is administered by the Pennsylvania Department of Human Services, Office of Mental Health and Substance Abuse Services (OMHSAS), and provides payment for atypical antipsychotic medications and clozaril support services for eligible individuals who have a diagnosis of schizophrenia. The SPBP-MH is exclusively State funded.

DISCUSSION:

Eligibility:

The SPBP-MH application has been revised. Individuals seeking to enroll in the SPBP-MH will need to complete the revised version of the application. The revised application (MH821) is attached to this bulletin. The MH821 SPBP-MH application replaces the MA442 SPBP-MH application.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO: Office of Mental Health and Substance Abuse Services, Business Partner Support Unit--SPBP-MH Program, Commonwealth Tower 12th Floor, P.O. Box 2675, Harrisburg, PA 17101. Telephone number 1 (800) 433-4459.

The application for the SPBP-MH requires the inclusion of a prescription for one of the covered medications listed below as supporting documentation of the medical need for the drug. The prescription must include an appropriate ICD-10-CM code and description for schizophrenia. A physician's signature and license number are also required in the attestation field on the application as an affirmation that the drug is being prescribed for the treatment of schizophrenia.

SPBP-MH coverage is discontinued if the individual becomes eligible for drug coverage through Medical Assistance, including the HealthChoices program. Individuals may not be enrolled in both Medical Assistance and the SPBP-MH.

Applications for the SPBP-MH program should be mailed to:

Department of Human Services - OMHSAS
Business Partner Support Unit – SPBP-MH Program
Commonwealth Tower, 12th Floor
PO Box 2675
Harrisburg, Pennsylvania 17101

SPBP Formulary

The SPBP-MH formulary is comprised of FDA-approved atypical antipsychotic drugs prescribed for the treatment of schizophrenia as defined in the ICD-10-CM codes. The current medications on the formulary for which a claim may be submitted are: Abilify, Clozaril, Clozapine, Geodon, Invega, Risperdal, Risperidone, Seroquel, or Zyprexa.

SPBP-MH cardholders are also eligible for clozaril support services provided by physicians, outpatient psychiatric clinics, or psychiatric partial hospitalization providers. The SPBP-MH does not reimburse any other providers for this service.

Reimbursement

Claims for SPBP-MH covered drugs are processed through Magellan Health Services, Inc. Providers must bill other third party insurance prior to submitting claims to the SPBP-MH. Questions regarding reimbursement should be directed to the Magellan Health Services Provider Inquiry Line at 1-800-835-4080. Moreover, technical assistance with on-line processing should also be directed to Magellan Health Services Provider Inquiry Line.

ATTACHMENTS:

MH821

OBSOLETE BULLETINS:

This bulletin obsoletes OMHSAS-08-02 issued April 22, 2008. This bulletin also obsoletes the SPBP-MH application, MA 442.