



Maryland Medicaid Pharmacy Program Tier II and Non-Preferred Antipsychotic PA Frequently Asked Questions (FAQ)

For the Recipient

1. What is the difference between a preferred and non-preferred drug?

- Sometimes two drugs help treat the same condition. When one medication is shown to be more medically or cost effective than another, it is given the designation “preferred” and the other one is said to be “non-preferred”.

2. Who decides that a medication should be preferred or non-preferred?

- The medications are reviewed by a committee of pharmacists and physicians called the Pharmacy and Therapeutics (P&T) Committee. The committee makes recommendations to the Maryland Medicaid Pharmacy Program on which medications should be preferred or non-preferred.

3. What will happen if my doctor prescribes a Non-preferred medication?

- Your doctor will need to fill out a Prior Authorization (PA) form. This form is reviewed by a professional at the State who will decide if the requested medication will be paid for by Maryland Medicaid. Once your doctor has sent in all the necessary paper work the process takes 24 hours.

4. Why would a ‘preferred drug’ need Prior Authorization?

- Sometimes a doctor may prescribe a medication which s/he feels is necessary but the Food and Drug Administration (FDA) has not approved the medication for the maximum dose or frequency your doctor is prescribing OR for your diagnosis or age. In these cases a Prior Authorization may be required.

5. Are all antipsychotic medications covered?

- All medications on the Preferred Drug List (PDL) are covered. Some drugs on the list require Prior Authorization. A drug is placed on the preferred drug list after the P & T Committee reviews its clinical effectiveness and side effects and how well patients can tolerate the medication. Under Federal law the Maryland Medicaid Pharmacy Program can only pay for medications for which we receive rebates from the manufacture. The federal government makes the requirement as it pays a certain percentage of drug’s cost for Medicaid recipients.

6. Is there a medical difference between a brand-name drug and its generic equivalent?

- The generic name of a drug is its chemical name. The brand name is the trade name given to the drug by its manufacturer. Generic drugs have the same active ingredients as the branded drug.



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7. Are generic drugs as effective as the brand name?

- When a generic drug is approved by the FDA the FDA is endorsing that it can be used in place of the brand drug as a safe and effective alternative to the branded drug.

8. Why are some brand-named drugs preferred over generic versions?

- The federal government will help pay for Medicaid's medications. In order for this to occur, states must receive a 'rebate' from the manufacture which lowers the cost of a medication. Sometimes the rebate from the brand manufacture is large enough that the final cost of the brand drug is less than its generic counterpart.

9. Do preferred drugs stay preferred?

- The preferred drug list is reviewed at least twice a year. If there is overwhelming information about a drug that warrants the P & T Committee to change the status of that medication on the PDL, that may be done. However, the patient will be able to continue on their drug if it is medically necessary.

10. Why is there a Prior Authorization Process?

- The PA Process is designed to ensure that Medicaid can provide drugs for all its recipients in a cost effective manner.

11. What happens if the Prior Authorization is denied?

- You or your doctor may provide more clinical information supporting the need for the non-preferred medication when there is an equally safe and medically or cost-effective treatment available.