



MARYLAND MEDICAID PHARMACY PROGRAM

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ADVISORY

*In an effort to give timely notice to the pharmacy community concerning important pharmacy topics, the Department of Health and Mental Hygiene's (DHMH) **Maryland Medicaid Pharmacy Program (MMPP)** has developed the **Maryland Medicaid Pharmacy Program Advisory**. To expedite information timely to the pharmacy and prescriber communities, an email network has been established which incorporates the email lists of the Maryland Pharmacists Association, EPIC, CARE, Long Term Care Consultants, headquarters of all chain drugstores and prescriber associations and organizations. It is our hope that the information is disseminated to all interested parties. If you have not received this email through any of the previously noted parties or via DHMH, please contact the MMPP representative at 410-767-1455.*

Prior Authorization for Tier 2 and non-Preferred Antipsychotic Medications

Beginning September 17, 2012, the Maryland Medicaid Pharmacy Program (MMPP) is changing the prior authorization form and criteria used for approval of preferred tier 2 and non-preferred antipsychotic medications. The form that must be used is available from the PA Call Center by calling 1-800-932-3918, or online at the MMPP website at <http://mmcp.dhmh.maryland.gov/pap/docs/Tier%202%20and%20NPD%20Antipsychotic%20PA.pdf> . The clinical criteria are also listed on the MMPP website at: <http://mmcp.dhmh.maryland.gov/pap/SitePages/Clinical%20Criteria.aspx> .