



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 MPP representative at 410-767-1455.*

No PA Required for Abilify[®] for Ages 10 to 17 Effective 11/15/2012

Prescribers are no longer required to obtain Prior Authorization (PA) for Abilify[®], a Tier 2 antipsychotic, for patients aged 10 - 17. Previously, use of this drug for patients without a trial of a Tier 1 drug meant that the prescriber had to obtain PA.

Abilify[®], like all antipsychotic medications, for patients under age 10 will continue to require a PA from the Peer Review Program. <http://mmcp.dhmh.maryland.gov/pap/SitePages/Peer%20Review%20Program.aspx>

Patients aged 18 and older using Medicaid for the first time for Abilify[®] who have not had an adequate trial of a Tier 1 antipsychotic must have a clinical PA in place for their claim to adjudicate.

<http://mmcp.dhmh.maryland.gov/pap/docs/Tier%202%20and%20NPD%20Antipsychotic%20PA.pdf>