



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

### For the Prescriber

#### **Do All Antipsychotic Medications Require A Prior Authorization?**

- No. **Preferred antipsychotics do not** require the prescriber to complete a Tier II and Non-Preferred Antipsychotic Prior Authorization form. Link to Preferred Drug List: [http://www.providersynergies.com/services/documents/MDM\\_PDL.pdf](http://www.providersynergies.com/services/documents/MDM_PDL.pdf). The Tier 2/NP PA Form is only needed when the prescriber is requesting an antipsychotics in one of these two categories. See Link for the PA Form.

#### **What If The Patient Needs His / Her Antipsychotic Medication Right Away, and Can't Wait Until The Tier II And Non-Preferred Antipsychotic Prior Authorization Form Is Completed By The Prescriber?**

- The **patient may be eligible for up to a 30-day emergency fill**. The prescriber or pharmacist **must** contact the Xerox call center at 1-800-932-3918, and select option #2.

#### **Who Can Request A Prior Authorization?**

- **Only the prescriber who wrote the prescription** can request a prior authorization.

#### **Can A Prescriber Request A Prior Authorization Via Phone For An Antipsychotic Medication?**

- Yes. The PA request can be initiated by phone. The mental health pharmacy technician can fill out the prior authorization form for you (Monday-Friday from 9:30 am - 6:00 pm).

This process will take approximately 15 minutes to complete. Initiating a prior authorization request form with the mental health pharmacy technician doesn't guarantee approval, and your request may take up to 24 hours for review, assuming that all necessary information is provided. If all the information is not provided, your request will be marked incomplete and faxed to your office. You will need to complete the Prior Authorization form, providing the missing information and fax back to Xerox at: 1 (866) 440-9345.

#### **Once The Tier II and Non-Preferred Antipsychotic Prior Authorization Form IS Faxed, How Long Does It Take to Get a Response?**

- All forms will be reviewed and replied to within 24 hours (excluding weekends and holidays).

#### **The Patient Was Just Released From An Inpatient Unit/Other Acute Care Setting & Needs To Have His / Her Medication.**

- The patient may be eligible for a 30 day emergency fill.  
*Criteria for immediate approval upon review:*
  - The medication was started on an inpatient unit/other acute care setting; **OR**



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

- All preferred antipsychotics are medically contraindicated for the patient.

### **What If The Patient Has Been Stabilized Using Samples?**

- The use of pharmaceutical samples will not be considered when evaluating the patient's medical condition or prior prescription history for drugs that require prior authorization.