



## Tier II and Non-Preferred Antipsychotic Authorization

### Frequently Asked Questions (FAQ)

#### For the Prescriber

##### **Question 1: Do all antipsychotic medications require a Prior Authorization (PA)?**

Answer: No. **Preferred** antipsychotics do **not** require the prescriber to complete an Antipsychotic Tier II/Non-Preferred Prior Authorization (PA) Form. Please use the Link to the Maryland Medicaid Pharmacy Preferred Drug List, in order to determine if the medication being prescribed is a preferred or non-preferred medication:

<https://mmcp.health.maryland.gov/pap/Documents/Maryland%20PDL%207.%201%2017.%20Website%20Version.doc2.pdf>

The Antipsychotic Tier II/Non-Preferred PA Form is only needed when a prescriber is requesting an antipsychotic in one of these two categories. The form to request prior authorization is available at <https://mmcp.health.maryland.gov/pap/docs/Tier2%20and%20NPD%20Antipsychotic%20PA.pdf>.

##### **Question 2: What if the patient needs his or her antipsychotic medication right away, and can't wait until the Tier II/Non-Preferred Antipsychotic Prior Authorization Form is completed by the prescriber?**

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

##### **Question 3: Who can request a Prior Authorization?**

Answer: Only the prescriber who wrote the prescription can request a prior authorization.

##### **Question 4: Can a prescriber request a Prior Authorization via phone for an antipsychotic medication?**

Answer: Yes. The PA request can be initiated by phone. The behavioral health pharmacy technician can fill out the prior authorization form for you (Monday-Friday from 8:00 am - 5:00 pm).

This process will take approximately 10 minutes to complete. Initiating a prior authorization request form with the behavioral health pharmacy technician does not guarantee approval, and your request may take up to 24 hours for review, assuming that all necessary information is provided. If there is missing information, 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 it back to Conduent at:

**1-866-440-9345.**



**Question 5: Once the Tier II/Non-Preferred Antipsychotic Prior Authorization Form is faxed, how long does it take to get a response?**

Answer: All forms will be reviewed and replied to within 24 hours (including weekends and holidays).

**Question 6: What if the patient was just released from an inpatient unit/other acute care setting and needs to have his or her medication?**

Answer: The patient may be eligible for up to a 30 day emergency fill. The prescriber or pharmacist should contact the Conduent Call Center at **1-800-932-3918**, and select **option #2**.

Criteria for immediate approval upon review:

The medication was started on an inpatient unit/other acute care setting; **OR**  
all preferred antipsychotics are medically contraindicated for the patient.

**Question 7: What if the patient has been stabilized using samples?**

Answer: 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.