



What Psychiatrists Need to Know About...

Medicaid Pharmacy Changes

ASAP, A+KIDS Key Points to Avoid Care Disruptions in NC Medicaid Beneficiaries

The NC Medicaid Outpatient Pharmacy Program implemented changes to three important programs affecting antipsychotic prescribing for NC Medicaid Beneficiaries effective Friday, June 5, 2015. These programs are: Antipsychotics – Keeping It Documented for Safety (A+KIDS), Adult Safety with Antipsychotic Prescribing (ASAP), and the antipsychotic portion of the Preferred Drug List (PDL). Prescribers are required to complete an A+KIDS or ASAP prior authorization (PA) for any preferred or non-preferred antipsychotic medication for all Medicaid beneficiaries through the NCTracks Provider Portal or by calling CSC at 1-866-246-8505. There are NO FAX FORMS for these programs.

The following is a compilation of key points around the Medicaid antipsychotic PA process for both Primary Care and Behavioral Health practices that may be useful when prescribing antipsychotic agents for Medicaid Beneficiaries to avoid care disruptions for this population:

1. Providers must be proactive on PAs for children/adolescents (< 18 years). Each new antipsychotic prescription in this age group will need an NCTracks PA. Therefore, Pro-

viders should be proactive and not wait for a PA request from the pharmacy. Once the PA is approved for a specific patient and medication, the PA is effective for a period of 6 months.

2. It is helpful when the practice documents the PA approval date in their Medical Records, or on a separate sheet. The PA is effective for 6 months from the date of authorization and is at the drug level; which means that if the dose is changed, the PA will remain effective. If the medication changes to a different antipsychotic agent, another PA is required.
3. For adults (> 18 years) with “on label” (FDA approved) use of preferred agents, write “meets PA criteria” on the paper Rx or in the comments section of the electronic Rx. Most patients seeing a psychiatrist will meet PA criteria.
4. For “off label” use (non-FDA approved indication), or when prescribing a non-preferred agent, the Provider should be proactive in getting the PA process initiated and approved. It is also helpful when the practice documents the PA approval date in their Medical Record. For adults, the PA is effective

for a period of one year from approval.

5. For all prescriptions requiring a PA, consider writing “PA in process” on the prescription to alert the pharmacy to wait as permissible by the situation (in the pharmacist’s professional judgement) before using an override. There is a 72-hour emergency supply available to use, by the community pharmacy, in the event the PA has not been initiated or is not approved.
6. Except in the event of an acute situation or emergencies, encourage patients to avoid going directly to the pharmacy to pick up the antipsychotic prescription to allow time to input the PA request and have it approved.

This information was provided by the Community Care of North Carolina Behavioral Health Pharmacy Program. For more information visit, www.communitycarenc.org.