

The Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid 100 Hancock Street, 6th Floor Quincy, MA 02171



JUDYANN BIGBY, M.D. Secretary

JULIAN J.HARRIS, M.D. Medicaid Director

May 2012

Dear Prescriber,

This is a follow-up to our April 2012 joint letter in which we described changes to the MassHealth prior-authorization (PA) requirements for certain second-generation (atypical) antipsychotics, which had been scheduled to go into effect on June 4, 2012.

We received many questions and suggestions in response to that letter and are appreciative of the feedback. Based on those responses, we have decided to delay the changes announced in the April letter. The existing policies will remain in effect until further notice.

Further information on second generation (atypical) antipsychotics, including applicable PA requirements, is set forth in the <u>MassHealth Drug List</u> (see <u>Table 24</u> and the related Evaluation Criteria). The MassHealth Drug List and other information on second generation antipsychotics can be found on the MassHealth Pharmacy website at <u>www.mass.gov/masshealth/pharmacy</u>.

Sincerely,

Paul L. Jeffrey, PharmD Deputy Director Office of Clinical Affairs Director of Pharmacy MassHealth Debra A. Pinals, MD Interim Deputy Commissioner Clinical and Professional Services Massachusetts Department of Mental Health