

Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
Community Partnership of Southern Arizona (CPSA Edition)

Section 3.16 Medication Formulary

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3.16.1 Introduction

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) maintains two lists of medications, referred to as the Title XIX/XXI Medication Formulary and the Non-title XIX/XXI Formulary. Tribal and Regional Behavioral Health Authorities (T/RBHAs), must use these medication formularies to ensure the availability of safe, cost-effective and efficacious medications. ADHS/DBHS may add or delete medications from the formularies based on factors such as obsolescence, toxicity, and substitution of superior products or newer treatment options.

Medicare eligible behavioral health recipients, including persons who are dually eligible for Medicare (Title XVIII) and Medicaid (Title XIX/XXI), receive Medicare Part D prescription drug benefits through Medicare Prescription Drug Plans (PDPs) or Medicare Advantage Prescription Drug Plans (MA-PDs). All PDPs operating in Arizona and all local area Medicare Advantage Special Needs Plans will honor prescriptions written by CPSA Network prescribers subject to the individual plan's formulary and prior authorization requirements. Prescription drug coverage for Medicare eligible behavioral health recipients enrolled in Part D is based on Part D plans' formularies. There may be an occasion when a behavioral health recipient's prescribed drug is not available through his/her Plan D plan's formulary. This is considered a non-covered Part D drug. T/RBHAs and/or behavioral health providers must make attempts to obtain a drug not on a Part D plan's formulary by requesting an exception from the Part D plan.

3.16.2 References

The following citations can serve as additional resources for this content area:

- [42 CFR 400.202](#)
- [42 CFR 422.2](#)
- [42 CFR 422.106](#)
- [42 CFR 423.100](#)
- [42 CFR 423.120](#)
- [42 CFR 423.4](#)
- [42 CFR 423.34](#)
- [42 CFR 423.272](#)
- [42 CFR 423.462](#)

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[42 CFR 423.464](#)

[42 CFR 423.505](#)

[A.R.S. 32-1901](#)

[R9-21-207](#)

[R9-22-209](#)

[R9-31-209](#)

[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contract](#)

[ADHS/TRBHA IGAs](#)

[ADHS/DBHS Covered Behavioral Health Services Guide](#)

[ADHS/DBHS Title XIX/XXI Medication Formulary](#)

[ADHS/DBHS Non-Title XIX/XXI Medication Formulary](#)

[CPSA Medication Formulary](#)

[Section 3.14, Securing Services and Prior Authorization](#)

[Section 3.15, Psychotropic Medication: Prescribing and Monitoring](#)

[Section 3.21, Service Package for Non-Title XIX/XXI Persons Determined to Have a Serious Mental Illness \(SMI\)](#)

[Medicare Modernization Act Final Guidelines – Formularies](#)

[Part D Voluntary Prescription Drug Benefit Program – Benefits and Costs for People With Medicare](#)

[Prescription Drug Benefit Manual – CMS](#)

3.16.3 Scope

To whom does this apply?

This section is only applicable to behavioral health providers contracted with a T/RBHA. ADHS/DBHS covers medications for the following:

- Title XIX and Title XXI eligible persons;
- Dual eligible persons who are prescribed medications covered through Medicaid (medications covered through Medicare Part D are billed to Medicare plans);
- Non-title XIX/XXI persons determined to have Serious Mental Illness (SMI); and
- Non-title XIX/XXI persons presenting with a behavioral health crisis in the community.

3.16.4 Did you know...?

- At a minimum, the [T/RBHA's formulary](#) for Title XIX/XXI eligible persons must include all medications on the ADHS/DBHS Medication Formulary; however, T/RBHAs may choose to add to the comprehensive formulary, if desired.
- T/RBHAs must use the ADHS/DBHS Medication Formulary for Non-title XIX/XXI persons when using Non-title XIX/XXI funds.
- Updated versions of the [ADHS/DBHS Title XIX/XXI Medication Formulary](#) and [ADHS/DBHS Non-title XIX/XXI Medication Formulary](#) are posted on the ADHS/DBHS website. Updated information concerning covered medical testing services is also posted on the ADHS/DBHS website as part of the [ADHS/DBHS Covered Behavioral Health Services Guide](#).
- Each Medicare Prescription Drug Plan (PDP) and Medicare Advantage plan (MA-PD or MA-PD/Special Needs Plan) establishes its own formulary. Formularies are based on the

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[Medicare Modernization Act Final Guidelines - Formularies](#) issued by the Centers for Medicare and Medicaid Services (CMS). Each Part D plan's formulary can be reviewed through www.medicare.gov. Benzodiazepines and barbiturates are excluded under Medicare Part D and will continue to be covered through ADHS/DBHS

3.16.5 Definitions

[ADHS/DBHS Non-title XIX/XXI Medication Formulary](#)

[ADHS/DBHS Title XIX/XXI Medication Formulary](#)

[Behavioral Health Medical Practitioner](#)

[Depo-medications](#)

[Dual eligible](#)

[Medicare Advantage Prescription Drug Plan \(MA-PD\)](#)

[Prescription Drug Plan \(PDP\)](#)

[Prior Authorization](#)

[Schizophrenic Spectrum Disorder](#)

[Third-party Liability](#)

[T/RBHA Formulary](#)

3.16.6 Objectives

To provide persons access to safe, cost-effective and efficacious medications.

3.16.7 Procedures

3.16.7-A. How is the formulary used to access medications?

To ensure coverage of medications through the T/RBHA, providers must utilize the T/RBHA's Formulary for Title XIX/XXI eligible persons and the [ADHS/DBHS Non-title XIX/XXI Medication Formulary](#) for Non-title XIX/XXI persons.

The complete [CPSA Medication Formulary](#) is available on the CPSA web site in the Library section.

A person receiving medication(s) has the right to appeal a T/RBHA Formulary change that affects his/her access to medication(s).

Title XIX/XXI eligible persons receiving medication(s) have the right to appeal any decision that affects his/her coverage for medication(s) in accordance with [PM Section 5.1, Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons](#). Non-title XIX/XXI persons determined SMI have the right to appeal decisions regarding coverage of their medications in accordance with [PM Section 5.5, Notice of Appeal Requirements \(SMI and Non-SMI/Non-title XIX/XXI\)](#).

To file an appeal orally or for help with filing a written appeal, call CPSA Office of Grievance and Appeals at 520-325-4268 or 1-800-959-1063. Hearing impaired individuals may call the Member Services TTY line at 1-866-318-6960.

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To file a written appeal, mail the appeal to CPSA Office of Grievance and Appeals, 535 N. Wilmot, Suite 201, Tucson, Arizona 85711.

Behavioral health recipients with third party coverage, such as Medicare and private insurance, will have access to medications on their health plan's formulary through their third party insurer. However, benzodiazepines and barbiturates are excluded under Medicare Part D and will continue to be covered through ADHS/DBHS. If the desired/recommended prescription drug is not included on the health plan's formulary but may be covered by requesting an exception or submitting an appeal, the provider must attempt to obtain an exception for the medication or assist the recipient in submitting an appeal with the health plan. T/RBHAs will cover medications for Non-title XIX/XXI persons determined to have SMI when their third part insurer will not grant an exception for a medication that is a medication on the [ADHS/DBHS Non-title XIX/XXI Medication Formulary](#). When Non-title XIX/XXI persons determined to have SMI, who have Medicare or private insurance, are assessed a co-payment for medications, providers must determine the applicable co-payment for the person in accordance with [Section 3.4, Co-payments](#), and [Section 3.5, Third Party Liability and Coordination of Benefits](#).

Non-formulary medications are those medications that are generally not used to treat behavioral health disorders, are new to the market and for which there is little clinical experience information available other than pre-marketing trials, have not been evaluated in post-marketing trials, or current available data do not support placement on the CPSA Formulary. Non-formulary medications may be covered with prior authorization by CPSA.

3.16.7-B. Prior authorization

T/RBHA's must obtain approval in writing from the ADHS/DBHS Chief Medical Officer or designee prior to implementing prior authorization protocols for any medication included on the [ADHS/DBHS Title XIX/XXI Medication Formulary](#), including dosage and dispensing restrictions. T/RBHAs must also obtain approval in writing from the ADHS/DBHS Chief Medical Officer or designee prior to implementing prior authorization protocols for any medication included on the [ADHS/DBHS Non-title XIX/XXI Medication Formulary](#). If a T/RBHA or behavioral health provider requires prior authorization for medications, the requirements outlined in [Section 3.14, Securing Services and Prior Authorization](#) (see subsection 3.14.7-E); [Section 5.1, Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons](#); and [Section 5.5, Notice and Appeal Requirements \(SMI and Non-SMI, Non-TXIX/TXXI\)](#) must be met.

Details of CPSA requirements for obtaining prior authorization for medications are described in subsection 3.14.7-D.

Prior authorization criteria of medications prescribed for Non-title XIX/XXI persons determined to have SMI

Non-title XIX persons determined to have SMI are eligible to receive the medication-only benefit package (see [Section 3.21, Service Page for Non-title XIX/XXI persons determined to have a Serious Mental Illness \(SMI\)](#)), which includes coverage of medications listed on the [ADHS/DBHS Non-title XIX/XXI Medication Formulary](#). After July 1, 2010, any non-TXIX/XXI enrolled persons determined to have SMI who are prescribed brand name atypical antipsychotic medications which are not included on the [ADHS/DBHS Non-title XIX Medication Formulary](#) must be transitioned to a generic alternative or an alternative funding source. RBHAs must use their established prior authorization process to receive, review and respond to request for time-limited coverage for atypical antipsychotic medications including:

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- Documentation by the prescribing medical professional of the clinical/safety concerns related to abrupt discontinuation of the medication;
- Documentation by the prescribing medical professional of a clear plan for how the member will be transitioned to an alternative generic antipsychotic medications or alternative funding source;
- Issuance of required notices in the event of denying coverage of this limited benefit in accordance with [Section 5.5, Notice and Appeal Requirements](#) (SMI and Non-SMI, Non-TXIX/TXXI; and
- Approval of such requests by the RBHA in 30-day increments, not to exceed 90 days of coverage within a 12 month period per individual per medication.

RBHAs must also utilize their established prior authorization processes for Non-title XIX/XXI persons determined SMI who are prescribed Risperidal Consta, consistent with the following requirements:

- The member must have a diagnosis of schizophrenia or a schizophrenia spectrum disorder.
- The member must be at least 18 years old.
- The member must be able to tolerate at least 2 mg/day of oral risperidone.
- The member must have a documented history of poor adherence to oral risperidone and documentation that patient education and other efforts to improve adherence have been tried (e.g., pill boxes).
- The prescribing medical professional must taper and discontinue oral risperidone within 60 days after Risperidal Consta is initiated.
- Target symptoms must be clearly documented and traced over time in the psychiatric progress notes and assessments.

Prior authorization of Risperidal Consta may be approved for up to one year, but requires re-authorization annually and re-authorization must consider clinical indication and documented benefit. Authorization criteria of Risperidal Consta must minimally be approved for no less than 30 days.

If a T/RBHA wishes to establish any additional prior authorization criteria for medications on the [ADHS/DBHS Non-title XIX XXI Medication Formulary](#), they must be for the purposes of ensuring clinical appropriateness of prescribing practices (e.g., intra-class polypharmacy and dosages above the FDA recommendation). All prior authorization policies and criteria must be approved by ADHS/DBHS in advance of implementation.

Prior authorizations are required for:

1. Duplicate Therapy
 - a. Two or more atypical antipsychotics prescribed concurrently. If the purpose of concurrent prescribing is for “crossover,” then a **sixty (60) day window will be authorized**. Longer or additional periods may be requested when clinically necessary.
 - b. Two or more serotonin reuptake inhibitors (SSRI) or serotonin-norepinephrine reuptake inhibitors (SNRI) prescribed concurrently. “Crossover” titration of these

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drugs is rarely needed, but if it is medically required, a **thirty (30) day window will be authorized**. Longer or additional periods may be requested when clinically necessary.

2. Non-formulary, restricted formulary, or brand name with available generic equivalents
Required prior to the initiation of and, at a minimum, every twelve (12) months for continuation therapy with any non-formulary medication or when a brand name drug is requested in place of an available generic formulation.
3. Quantities that exceed specified limits (see CPSA Formulary).

Instructions for Request for Prior Authorization of Medications

1. Complete all member, service site, diagnostic, and contact person information.
2. List the requested medications, strength, dosage, and route to be administered.
3. Check the appropriate box(es) that indicate(s) the type of prior authorization request.
4. In the designated area, write the clinical justification for the request. If the request is for a non-formulary drug, this must include why the member cannot be properly treated with a formulary medication. The request must contain complete information including but not limited to specific behavioral/functional target symptoms, previous medications including doses, length of trial and response to those trials, etc).
5. **NOTE:** Crossovers for atypical antipsychotics are limited to sixty (60) days and crossovers for SSRIs/SNRIs are limited to thirty (30) days unless there is complete and compelling clinical documentation supporting longer crossover periods.
6. If the request is for an override, it is best to do this before the member arrives at the pharmacy. Check the appropriate category. Clinical justification is not required. If you cannot do this prior to the member arriving at the pharmacy, the pharmacist will be instructed to contact CPSA Pharmacy Management Services.
7. If the request is denied, CPSA will send the appropriate notice to the member according to ADHS/DBHS policy and procedure.
8. The prescribing clinician is required to sign and date the request.
9. The CPSA Physician Reviewer is required to sign and date the denial. Denials are to be kept on file at CPSA.
10. Samples of non-formulary medications should not be utilized. CPSA does not endorse receipt or stocking of non-formulary medications and has directed pharmaceutical manufacturers not to leave samples to be used for CPSA members.

3.16.7-C. How can the Behavioral Health Provider have input?

Behavioral health providers can offer suggestions for adding or deleting medications to [ADHS/DBHS Title XIX/XXI Medication Formulary](#), [ADHS/DBHS Non-title XIX/XXI Medication Formulary](#) or their contracted T/RBHA's Medication Formulary.

Changes to the ADHS/DBHS Medication Formularies

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To propose additions to or deletions from the [ADHS/DBHS Title XIX/XXI Medication Formulary](#) or [ADHS/DBHS Non-title XIX/XXI Medication Formulary](#), a behavioral health medical practitioner may submit a request to the T/RBHA Chief Medical Officer or designee:

Chief Medical Officer or Pharmacy Services Manager

535 N. Wilmot, Ste. 201

Tucson, AZ 85711

Phone: (520) 325-4268

Fax: (520) 618-6730

Additions:

Requests for additions must include the following information:

- Medication requested (trade name and generic name, if applicable);
- Dosage forms, strengths and corresponding costs of the medication requested;
- Average daily dosage;
- Indications for use (including pharmacological effects, therapeutic uses of the medication and target symptoms);
- Advantages of the medication (including any relevant research findings if available);
- Adverse effects reported with the medication;
- Specific monitoring required; and
- The drugs on the current formulary that this medication could replace.

Deletions:

A detailed summary of the reason for requesting the deletion.

The T/RBHA Chief Medical Officer or designee will present requests, as determined appropriate, to the ADHS/DBHS Chief Medical Officer or designee for a final determination.

Changes to the CPSA Medication Formulary

A behavioral health medical practitioner may request an addition to the formulary by contacting the comprehensive service provider (CSP) medical director who submits the request to the CPSA Pharmacy Services Manager.

What happens with my request?

The CPSA Pharmacy Services Manager will review and discuss the request at the next meeting of the CPSA Pharmacy and Therapeutics Committee, which has the authority to add or not add a requested drug. If the medication is added, formal notification will go out to the medical directors of the CSPs, the community-wide crisis provider and the contractor for crisis detoxification services. The formulary will be updated on the CPSA web site. If not added, a formal notice will go to the person requesting the addition.