3.16.1 Introduction

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) maintains an approved list of medications, referred to as the ADHS/DBHS Behavioral Health Drug List that must be adopted by the Regional Behavioral Health Authorities (RBHAs) and utilized as their formularies. Tribal Regional Behavioral Health Authorities (T/RBHAs) may elect to adopt the drug list, but are not mandated to do so. The ADHS/DBHS Behavioral Health Drug List ensures the availability of safe, cost-effective and efficacious medications for eligible service recipients. ADHS/DBHS may add or delete medications from the list 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). 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 Part 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 Terms

Definitions for terms are located online at http://www.azdhs.gov/bhs/definitions/index.php and http://www.narbha.org/for-providers/provider-resources/provider-policy-manual/definitions/. The following terms are referenced in this section:

- **ADHS/DBHS Behavioral Health Drug List**
- **Approval**
- **Behavioral Health Professional**
3.16.3 Procedures

3.16.3-A. How is the Behavioral Health Drug List used to access medications?
To ensure coverage of medications through the T/RBHA, providers must utilize the ADHS/DBHS Behavioral Health Drug List.

Title XIX/XXI eligible persons receiving medication(s) have the right to notice and appeal when a decision affects coverage for medication(s), in accordance with 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 notice and appeal when a decision affects medication coverage, in accordance with PM Section 5.5, Notice and Appeal Requirements (SMI and Non-SMI/Non-Title XIX/XXI).

A person receiving medication(s) has the right to appeal a T/RBHA Formulary change or any decision that affects his/her coverage for medication(s).

Contact the NARBHA Member Services at 1-800-640-2123 to appeal a NARBHA Formulary change to the NARBHA Chief Medical Officer.

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. 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 persons determined to have SMI, regardless of Title XIX/XXI eligibility, when their third party insurer will not grant an exception for a medication that is a medication on the ADHS/DBHS Behavioral Health Drug List.

Applicable co-payments must only be collected in accordance with Provider Manual Section 3.4, Co-payments. For persons with coverage from third party payors, co-payments are collected in accordance with Provider Manual Section 3.5, Third Party Liability and Coordination of Benefits.

T/RBHAs shall not require prior authorization processes for medications which have been approved for payment under Medicare plans.

3.16.3-B. Prior Authorization
ADHS/DBHS requires the RBHAs to prior authorize coverage of those medications indicated in the ADHS/DBHS Behavioral Health Drug List as requiring prior authorization and those that have age limits. See ADHS/DBHS Prior Authorization Guidance Documents.

When these prior authorization criteria are utilized, the requirements outlined in Section 3.14, Securing Services and Prior Authorization, 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.

T/RBHAs shall not require prior authorization processes for medications which have been approved for payment under Medicare plans.

Requests for Brand-Name, Medications Not on ADHS/DBHS Medication List, Polypharmacy and Child Authorizations: PM Form 3.16.1 NARBHA Prior Authorization Medication Request (effective 06/01/2014)

Requests for Medicare Part D Universal Exception: PM Form 3.16.9 Part D Universal Exception 07/27/2007

Requests for Ineligible Persons: In some cases for ineligible persons, compassionate dispensing of the medication for a limited period of time is granted pending receipt of the appropriate form (See PM Form 3.16.8 Pre-Enrollment into the Pharmacy System)

* Eligible persons who are in the process of becoming enrolled or TXIX/TXXI eligible may receive medications pending enrollment on a case-by-case basis

Additions/Deletions to Prescriber Panel
Only medical practitioners registered with NARBHA as being privileged to prescribe medications for NARBHA members are covered under the NARBHA pharmacy benefit plan.
NARBHA providers notify NARBHA about additions or deletions to the NARBHA prescriber panel by submitting PM Form 3.16.11 NARBHA Prescriber and Temporary Prescriber Registration Form.

Temporary privileges for up to five days for prescribers under the NARBHA pharmacy benefit plan are available on a case-by-case basis. (See PM Form 3.16.11 NARBHA Prescriber and Temporary Prescriber Registration Form)

3.16.3-C. How can the Behavioral Health Providers have input?
Behavioral health providers can offer suggestions for adding or deleting medications to the ADHS/DBHS Behavioral Health Drug List or their contracted T/RBHA’s Medication Formulary, or to add new technologies or new uses of existing technologies as per ADHS/DBHS Policy QM 2.8 Technology. Link: http://www.azdhs.gov/bhs/pdf/policies/qm2-8.pdf

Changes to the ADHS/DBHS Behavioral Health Drug List
To propose additions or deletions to the ADHS/DBHS Behavioral Health Drug List, a behavioral health professional shall submit a written request to the T/RBHA Chief Medical Officer or designee:

NARBHA Chief Medical Officer
Teresa Bertsch, MD - (928) 774-7128

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 Pharmacy and Therapeutics Committee for a final determination.

Changes to the NARBHA Medication Formulary (ADHS/DBHS Medication List):
NARBHA does not utilize a different formulary from ADHS/DBHS. The behavioral health medical practitioners may request changes to the ADHS/DBHS formulary by submitting the
same information listed above to the NARBHA Chief Medical Officer. Requests for changes to the NARBHA Formulary are reviewed by the NARBHA Pharmacy and Therapeutics Committee.

Addition of New Technologies
To request coverage of new approved technologies or the usage of new applications for established technologies, which may include medications, providers submit a proposal in writing to the NARBHA Chief Medical Officer. The proposal must include (at a minimum):

- Medical necessity criteria;
- Documentation supporting medical necessity;
- A cost analysis for the new technology; and
- Peer reviewed literature indicating the efficacy of the new technology or modification in usage of the existing technology.

NARBHA will review requests and inform the requestor and member (if indicated) of the decision to provide the technology in a timely manner. When the request is accompanied with a service authorization request, the decision for coverage must be completed in a timely manner, which would be within three (3) business days for an expedited request and 14 days for a standard request, with an extension of up to 14 additional days if the extension is in the best interest of the recipient.

Requests are reviewed by the NARBHA Pharmacy and Therapeutics Committee utilizing evidence based research and guidelines, including a meta-analysis of related peer reviewed literature. Decisions are reported to the NARBHA Medical Management Committee.

NARBHA will notify ADHS/DBHS of its decision to cover a new approved technology, including the usage of new applications for established technology, within 30 days of reaching that determination.

3.16.4 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
42 CFR 423.464
42 CFR 423.505
A.R.S. 32-1901
A.R.S. §9-22-201R9-21-207
R9-22-209
R9-31-209
AHCCCS Medical Policy Manual, Chapter 1000, Policy 1020
ADHS/RBHA Contracts
ADHS/IGAs T/RBHA
ADHS/DBHS Covered Behavioral Health Services Guide
ADHS/DBHS Behavioral Health Drug List
T/RBHA Medication Formulary
Section 3.14, Securing Services and Prior Authorization
Section 3.15, Psychotropic Medications: Prescribing and Monitoring
Section 3.25, Crisis Intervention Services
Section 5.1, Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons
Section 5.5, Notice and Appeal Requirements (SMI and Non-SMI/Non-Title XIX/XXI)
ADHS/DBHS Behavioral Health Drug List and Prior Authorization Guidance Documents, webpage
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
ADHS/DBHS Annual Medical Management/Utilization Management Plan