



Section 3.16 **ADHS/DBHS Drug List**

- 3.16.1 Introduction**
- 3.16.2 Terms**
- 3.16.3 Procedures**
- 3.16.4 References**
- 3.16.5 PM Forms**
- 3.16.6 PM Attachments**

3.16.1 Introduction

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) maintains an approved list of federally reimbursable 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 drug lists for Title XIX/XXI members. The ADHS/DBHS Behavioral Health Drug List promotes the availability of safe, efficacious and cost-effective medications for eligible members. Medications not included in the drug list may be covered for Title XIX/XXI members when they are medically necessary, cost effective and federally and state reimbursable. ADHS/DBHS may add, delete or change medications on the list based on recommendations from the ADHS/DBHS Pharmacy and Therapeutic (P&T) Committee.

3.16.2 Terms

Definitions for terms are located online at <http://www.azdhs.gov/bhs/definitions/index.php> or <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](#)

[Behavioral Health Professional](#)

[Dual eligible](#)

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

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

[Prior Authorization](#)

[RBHA Drug List](#)

[Third Party Liability](#)

3.16.3 Procedures

- a. Use of the ADHS/DBHS Drug List
 - i. To ensure coverage of medications through the RBHA, providers must utilize the [ADHS/DBHS Drug List](#)



PROVIDER MANUAL

NARBHA Providers can contact the **NARBHA Member Services at 1-800-640-2123** to appeal a NARBHA Formulary change to the NARBHA Chief Medical Officer.

- ii. Members with third party private insurance coverage other than Medicare Part D, have access to behavioral health medications on the private insurer's health plan's drug list. If the prescribed medication is not included on the private insurer's health plan's drug list, the prescriber shall submit a prior authorization request for coverage of the medication to the private insurer. If the request is denied, the prescriber must assist the member in submitting an appeal to the private insurer for the medication. T/RBHAs shall cover medically necessary federally reimbursable behavioral health medications for persons who are Title XIX/XXI and have been determined SMI, when the private insurer refuses to approve the request or appeal for a medication listed on the [ADHS/DBHS 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](#).

- iii. Medicare eligible members, including persons who are dually eligible for Medicare (Title XVII) and Medicaid (Title XIX), shall receive their prescription medications from the Medicare Part D prescription drug benefit through Medicare Prescription Drug Plans (PDPs) or Medicare Advantage Prescription Drug Plans (MA-PDs).
- iv. Prescription drug coverage for Medicare eligible members must be obtained through the member's Medicare Part D benefit.
 - 1. T/RBHAs shall not require prior authorization processes for [medications](#) that have been approved for payment under Medicare Part B plans and will specify this information and associated procedures in their provider manual policies.
 - 2. Federal and State laws prohibit the use of AHCCCS monies to pay for Medicare Part D medications, including cost sharing. There may be an occasion when a behavioral health member's prescribed drug is not available through his/her Part D benefit. The RBHAs and/or behavioral health providers must submit a prior authorization request for the medication to the Medicare Part D Plan. If the request is denied, the prescriber must assist the member in submitting an appeal to the Medicare Part D Plan and/or CMS for the medication.
 - 3. T/RBHAs must provide information to their subcontracted providers indicating whether the T/RBHA is included as a network provider for a Medicare advantage Plan that provides a Medicare Part D benefit.
- b. Prior Authorization
 - i. ADHS/DBHS requires the T/RBHAs to utilize prior authorization processes for coverage of medications indicated in the ADHS/DBHS Drug List with a PA requirement. (See [ADHS/DBHS Prior Authorization Guidance Documents webpage](#)).
 - ii. The T/RBHAs must utilize the ADHS/DBHS prior authorization criteria to evaluate submitted prior authorizations.
 - iii. Prior authorization criteria change requests may be submitted to the ADHS/DBHS Chief Medical Officer for review at the next ADHS/DBHS P&T Committee meeting.
 - iv. **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 \(effective 06/01/2014\)](#)
 - v. **Requests for Medicare Part D Universal Exception:** [PM Form 3.16.9 Part D Universal Exception 07/27/2007](#)



PROVIDER MANUAL

- vi. **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](#))
 - vii. 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.
 - viii. 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.
 - ix. 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](#).
 - x. **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](#))
- c. Changes to the ADHS/DBHS Behavioral Health Drug List
- i. To propose additions, deletions, or changes to the [ADHS/DBHS Drug List](#), a behavioral health professional shall submit a written request to the RBHA Chief Medical Officer or designee: The RBHA will request the proposed action as an agenda item to be discussed at the next Pharmacy and Therapeutics Committee.

NARBHA Chief Medical Officer
Teresa Bertsch, MD - (928) 774-7128
 - ii. Requests must include the following information:
 - 1. Medication requested (trade name and generic name, if applicable);
 - 2. Dosage forms, strengths and corresponding costs of the medication requested;
 - 3. Average daily dosage;
 - 4. Indications for use (including pharmacological effects, therapeutic uses of the medication and target symptoms);
 - 5. Advantages or disadvantages of the medication over currently available products listed on the drug list (including any relevant research findings if available);
 - 6. Adverse effects reported with the medication; and
 - 7. Specific monitoring requirements; and
 - 8. For deletions, a detailed summary of the reason(s) for requesting the deletion..
- d. Changes to the [NARBHA Medication Formulary \(ADHS/DBHS Medication List\)](#):
- i. 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.
 - ii. 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):
 - 1. Medical necessity criteria;



PROVIDER MANUAL

2. Documentation supporting medical necessity;
 3. A cost analysis for the new technology; and
 4. Peer reviewed literature indicating the efficacy of the new technology or modification in usage of the existing technology.
- iii. 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.
- iv. 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.
- v. 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. §9-22-201](#)[R9-21-207](#)

[R9-22-209](#)

[R9-31-209](#)

AHCCCS Medical Policy Manual, Chapter 1000, Policy 1020[AHCCCS/ADHS Contract](#)

[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

3.16.5 PM Forms

[PM Form 3.16.1 Prior Authorization Request Form](#)

[PM Form 3.16.8 Pharmacy Pre-Enrollment Form](#)

[PM Form 3.16.9 Medicare Part D Coverage Determination Request Form](#)

[ADHS-DBHS Drug List \(Eff. 04/01/15\)](#)

3.16.6 PM Attachments

[PM Attachment 3.16.1 DBHS Clarification Memo-Medication List](#)

