

Arizona Department of Health Services

Division of Behavioral Health Services

PROVIDER MANUAL

Section 3.16 Medication Formulary

- 3.16.1 Introduction
- 3.16.2 References
- 3.16.3 Scope
- 3.16.4 Did you know...?
- 3.16.5 Definitions
- 3.16.6 Objectives
- 3.16.7 Procedures
- 3.16.7-A. How is the formulary used to access medications?
- 3.16.7-B. Prior authorization
- 3.16.7-C. How can the Behavioral Health Providers have input?

3.16.1 Introduction

This section is only applicable to behavioral health providers contracted with a Tribal or Regional Behavioral Health Authority (T/RBHA.)

To ensure the availability of safe, cost-effective and efficacious medications, the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) maintains a list of medications that T/RBHAs, at a minimum, must have on their formularies. ADHS/DBHS may add or delete medications from the minimum list based on factors such as obsolescence, toxicity, and substitution of superior products or newer treatment options. Title XIX/XXI eligible persons must have access to all covered laboratory, radiology, cardiology and other medical testing services.

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). NARBHA from time to time may contract with willing Medicare Advantage plans but most MA-PDs prefer to contract directly with the NARBHA providers. 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 assist behavioral health recipients with requesting an exception from the Part D plan to acquire a drug not on a Part D plan's formulary.

When Part D plans do not grant an exception and when Part D covered drugs are not on a Part D plan's formulary, T/RBHAs may use state funds to cover the medications. Non-Title XIX/XXI funds are available but limited. As such, each Tribal and Regional Behavioral Health Authority (T/RBHA) must implement priorities for Non-Title XIX/XXI funded service delivery.

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](#)

Arizona Department of Health Services Division of Behavioral Health Services PROVIDER MANUAL

[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](#)

[R9-21-207](#)

[R9-22-209](#)

[R9-31-209](#)

[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contracts](#)

[ADHS/IGAs T/RBHA](#)

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

[ADHS/DBHS Medication Formulary](#)

[T/RBHA Medication Formulary](#)

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

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

[Section 3.21, Service Prioritization for Non-Title XIX/XXI Funding](#)

[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?

Medications are available through the T/RBHAs to:

- All Title XIX and Title XXI eligible persons (excluding dual eligible persons);
- All dual eligible persons who are prescribed medications not covered through Medicare but covered through Medicaid;
- All persons determined to have Serious Mental Illness (SMI); and
- All other persons, based on available funding in accordance with [Section 3.21, Service Prioritization for Non-Title XIX/XXI Funding](#), or as determined by the T/RBHA to have a medication benefit.

3.16.4 Did you know...?

- At a minimum, the T/RBHA's formulary must include all medications on the ADHS/DBHS Medication Formulary; however, T/RBHAs may choose to maintain a more comprehensive formulary of covered medications.

Arizona Department of Health Services

Division of Behavioral Health Services

PROVIDER MANUAL

- The updated [ADHS/DBHS Medication Formulary](#) is 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 [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 <http://www.medicare.gov/>.
- Medicare Part D prescription drug coverage is subject to change, and drugs that are no longer excluded will be covered under Medicare, not Medicaid.

3.16.5 Definitions

[ADHS/DBHS Medication Formulary](#)

[Behavioral Health Medical Practitioner](#)

[Dual eligible](#)

[Formulary](#)

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

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

[Prior Authorization](#)

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?

Formulary Medications

Formulary medications will be accessed through Medicare Part D plans for Medicare eligible persons.

NARBHA utilizes a pharmacy benefit system, SXC, and a laboratory contract with Sonora-Quest. All covered medications and laboratory studies prescribed by NARBHA-authorized prescribers on or after an eligible member's enrollment date and on or before the member's closure date are paid through the NARBHA pharmacy and laboratory services benefit system.

NARBHA's Formulary Medications are at [PM Form 3.16.1](#). Medication benefits are limited to

Arizona Department of Health Services

Division of Behavioral Health Services

PROVIDER MANUAL

the available generic forms, except where otherwise identified on the NARBHA Medications and Laboratory Studies Formulary.

Lab Studies

Lab studies which are needed to diagnose, follow and/or treat psychiatric disorders are available through the NARBHA laboratory system, Sonora-Quest. See [PM Form 3.16.3](#).

Pharmacy Edit Notification Requests

NARBHA requires notification by the NARBHA prescriber in order to process pharmacy overrides on behalf of an individual member in the pharmacy benefit system under the following circumstances:

- Brand-name medications on the NARBHA Medications Formulary when the generic form is available.
- Medication refills prior to 30 days when a 30-day supply was initially dispensed and/or when 1/4 of the days remain on the previously filled prescription.
- Prescriptions in excess of a 30-day supply.
- Restricted medications or laboratory services (there are none currently).
- Non-formulary medication requests.

NARBHA enters the pharmacy edits of a Pharmacy Edit Notification Request (See [PM Form 3.16.4](#)) within one business day of receipt of request. Clinical determination of need by the prescriber is sufficient to warrant approval of the Pharmacy Edit Notification.

Entry of a Pharmacy Edit Notification Request is dependent on NARBHA's receipt of the appropriate clinical and administrative forms specific to the medication and laboratory service request.

In some cases for ineligible persons, compassionate dispensing of the medication for a limited period of time is granted pending receipt of the appropriate forms:

- Persons who are in the process of becoming T19/T21 eligible on a case-by-case basis. (See [PM Form 3.16.5](#) Ineligible Child/Adult Pharmacy Enrollment.)
- Eligible persons who are in the process of becoming enrolled may receive medications pending enrollment on a case-by-case basis. (See [PM Form 3.16.6](#) Pre-Enrollment)

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 3.16.8](#) Permanent Prescriber.

- New Prescriber Education: All new prescribers will receive a packet of information relevant to the clinical care of NARBHA members at the time of addition to the NARBHA Prescriber Panel. This includes policies on coordination of care with primary care physicians, documentation standards, ADHS/DBHS Clinical and Recovery Practice Protocols, and formularies for medications and for laboratory studies. Prescribers are required to submit an attestation that they reviewed the information to NARBHA within the required time frames.

Arizona Department of Health Services

Division of Behavioral Health Services

PROVIDER MANUAL

- When prescribers are being deleted from the panel, outstanding valid prescriptions by the prescriber need to be considered when deciding the deletion date.

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 3.16.7](#) Temporary Prescriber)

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.

Non-Formulary Medications

Accessing non-formulary medications for Medicare eligible persons will be contingent on policies set forth by each Part D plan. If a prescription drug is not included on the recipients' Part D plan formulary, the T/RBHA must assist the behavioral health recipient in obtaining the non-covered medication(s).

NARBHA has adapted the CMS Universal Exception Form to assist with required Part D prior authorization procedures. (See [PM Form 3.16.9](#))

3.16.7-B. Prior authorization

T/RBHAs must obtain approval from the ADHS/DBHS Medical Director or designee in writing prior to establishing prior authorization protocols for any medication included on the [ADHS/DBHS Medication Formulary](#), including dosage and dispensing restrictions. 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](#), [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 (see [Section 3.14 Securing Services and Prior Authorization subsection 3.14.7-E.](#)).

- NARBHA has no medications which require prior authorization.

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

Behavioral health providers can offer suggestions for adding or deleting medications to the [ADHS/DBHS Medication Formulary](#) or their contracted T/RBHA's Medication Formulary.

Changes to the ADHS/DBHS Medication Formulary

To propose additions or deletions to the ADHS/DBHS Medication Formulary, a behavioral health medical practitioner may submit a request to the ADHS/DBHS Chief Medical Officer or designee:

Chief Medical Officer
Department of Health Services
Division of Behavioral Health Services
150 North 18th Avenue, Suite 200
Phoenix, AZ 85007-3238

Arizona Department of Health Services

Division of Behavioral Health Services

PROVIDER MANUAL

(602) 364-4753 (office)
(602) 364-4570 (fax)

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.

What happens with my request?

The ADHS/DBHS Chief Medical Officer will bring the request to the ADHS/DBHS Pharmacy and Therapeutics Committee for review. The ADHS/DBHS Pharmacy and Therapeutics Committee advises the Chief Medical Officer of requests for changes to the [ADHS/DBHS Medication Formulary](#).

Changes to the RBHA Medication Formulary

NARBHA behavioral health medical practitioners may request changes to the formulary by submitting the same information listed above to the NARBHA Medical Director.

Requests for changes to the NARBHA Formulary are reviewed by the NARBHA Pharmacy and Therapeutics Committee.