1. PURPOSE:
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 Drug List** that must be adopted by the Tribal and Regional Behavioral Health Authorities (T/RBHAs) and utilized as their formularies. 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). T/RBHAs must provide information to their subcontracted providers indicating whether the T/RBHA is part of any Medicare Advantage plans’ networks to provide the Medicare Part D benefit.

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.

2. TERMS:
The following terms are referenced in this section:

- ADHS/DBHS Drug List
- Behavioral Health Professional
- 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. PROCEDURES:
Use of the ADHS/DBHS Drug List
a. To ensure coverage of medications through the T/RBHA, providers must utilize the **ADHS/DBHS Drug List**. T/RBHAs must provide information directing providers to the T/RBHA medication formulary including a direct link on their website.
b. 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 Policy 1801, Title XIX/XXI Notice and Appeal Requirements. Non-Title XXI persons determined SMI have the right to notice and appeal when a decision affects medication coverage, in accordance with Policy 1804, Notice and Appeal Requirements (SMI and Non-SMI/Non-Title XIX/XXI). T/RBHAs must have policies for their providers describing how a person can file and appeal regarding a T/RBHA formulary change or other decisions that affect coverage of medications.

c. 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 Drug List.

d. Applicable co-payments must only be collected in accordance with Policy 601, Co-payments and Other Member Fees. For persons with coverage from third party payors, co-payments are collected in accordance with Policy 701, Third Party Liability and Coordination of Benefits.

e. T/RBHAs shall not require prior authorization processes for medications which have been approved for payment under Medicare plans and will include this information and procedures in their provider manual policies.

Prior Authorization

a. 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 Drug List and Prior Authorization Guidance Documents webpage.)

b. When these prior authorization criteria are utilized, the requirements outlined in Policy 1101, Securing Services and Prior Authorization, Policy 1801, Title XIX/XXI Notice and Appeal Requirements, and Policy 1804, Notice and Appeal Requirements (SMI and Non-SMI/Non-Title XIX/XXI) must be met.

c. T/RBHAs shall not require prior authorization processes for medications which have been approved for payment under Medicare plans.
d. Behavioral health providers can offer suggestions for adding or deleting medications to the ADHS/DBHS Drug List or their contracted T/RBHA’s Medication Formulary.

Changes to the ADHS/DBHS Behavioral Health Drug List

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

b. Requests for additions must include the following information:
   i. Medication requested (trade name and generic name, if applicable);
   ii. Dosage forms, strengths and corresponding costs of the medication requested;
   iii. Average daily dosage;
   iv. Indications for use (including pharmacological effects, therapeutic uses of the medication and target symptoms);
   v. Advantages of the medication (including any relevant research findings if available);
   vi. Adverse effects reported with the medication;
   vii. Specific monitoring required; and
   viii. The drugs on the current formulary that this medication could replace.

c. Deletions:
   i. A detailed summary of the reason for requesting the deletion.

d. The T/RBHA Chief Medical Officer or designee will present requests, as determined appropriate, to the ADHS/DBHS Pharmacy and Therapeutics Committee.

e. T/RBHAs must also provide specific information for their providers regarding requests and changes to the T/RBHA Medication Formulary.

4. REFERENCES:
   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
   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 Drug List
Policy 108, Psychotropic Medications: Prescribing and Monitoring
Policy 111, Crisis Intervention Services
Policy 1101, Securing Services and Prior Authorization
Policy 1801, Title XIX and Title XXI Notice and Appeal Requirements
Policy 1804, Notice and Appeal Requirements (SMI and Non-SMI/Non-Title XIX/XXI)
ADHS/DBHS 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