

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

Section 3.16 Medication Formulary

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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.

Effective January 1, 2006, Medicare eligible behavioral health recipients, including persons who are dually eligible for Medicare (Title XVIII) and Medicaid (Title XIX/XXI), began receiving Medicare Part D prescription drug benefits through Medicare Prescription Drug Plans (PDPs) or Medicare Advantage Prescription Drug Plans (MA-PDs). **[T/RBHA insert information here 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. Benzodiazepines, barbiturates and over the counter medications are excluded under Part D and are Title XIX/XXI reimbursable for Title XIX/XXI eligible persons. 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. Persons determined to have a Serious Mental Illness (SMI), both dual eligibles and Non-Title XIX/XXI Medicare eligible persons, must maintain access to needed behavioral health medications as required by [9 A.A.C. 21](#). T/RBHAs and/or behavioral health providers may 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. Use of state funds to cover Part D non-covered drugs, for behavioral health recipients other than persons determined to have a SMI, will be based on available funding as determined by the T/RBHA. (See [Section 3.21, Service Prioritization for Non-Title XIX/XXI Funding](#)).

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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](#)

[42 CFR 423.464](#)

[42 CFR 423.505](#)

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

[R9-22-209](#)

[R9-31-209](#)

[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contracts](#)

[ADHS/Tribal IGAs](#)

[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](#)

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 Medicare eligible persons who are prescribed benzodiazepines, barbiturates and/or over the counter drugs;
- All persons determined to have Serious Mental Illness; 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. Only medications on the T/RBHA formulary may be covered.

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.
- 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

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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/>.

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.

[T/RBHA insert specific information here (e.g. where providers can find the T/RBHA medication formulary – insert a direct link to the medication formulary.)]

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

[T/RBHA insert information regarding how a person can file an appeal regarding a 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 may provide coverage of the drug in accordance with [Section 3.21, Service Prioritization for Non-Title XIX/XXI Funding](#).

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[T/RBHA insert specific information here.]

3.16.7-B. Prior authorization

T/RBHAs must obtain approval from the ADHS/DBHS Medical Director 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](#), must be met (see subsection 3.14.7-E.).

[T/RBHA insert the following information here: Identify all pharmacy practices subject to prior authorization, including any medications not on the T/RBHA formulary. Provide a detailed description of the process to get prior authorization for a medication.]

3.16.7-C. How can I 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 to or deletions to the ADHS/DBHS Medication Formulary, a behavioral health medical practitioner may submit a request to the ADHS/DBHS Medical Director:

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

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- 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 Medical Director will bring the request to the ADHS/DBHS Pharmacy and Therapeutics Committee for review. The ADHS/DBHS Pharmacy and Therapeutics Committee approves or denies requests for changes to the [ADHS/DBHS Medication Formulary](#).

[T/RBHA insert specific information here regarding requests and changes to the T/RBHA Medication Formulary.]