



Hello, I'm Dr. Rodgers Wilson, the Acting Chief Medical Officer at the Arizona Department of Health Services, Division of Behavioral Health.

As many of you know, state budget reductions have resulted in significant changes in our behavioral health system. One of these changes affects our medication benefit package which no longer covers brand-name medication for Non Title XIX members with Serious Mental Illness, also known as SMI, beginning on July 1, 2010.

During the past several weeks we have closely observed the transition of members from brand-name medication to generic medication. When the change from brand name to generic medication was announced in early May, most members were provided with a 30 to 60-day transition period. Even though this time frame was adequate for most members, we recognize that other members may need more time to safely make the transition—especially for members taking atypical antipsychotic medications.

While we cannot reverse the decision to no longer cover brand name medication, we recognize that our decisions must be flexible and take into account the unique clinical needs of each person in our system. Therefore, we have designed a prior-authorization process that will offer an option to extend, for a limited time, the transition period to members after July 1, 2010.

The transition period may be extended using the prior authorization process to:

- 1) Those Non-TXIX/XXI SMI members enrolled as of June 30, 2010 who:
 - are currently taking brand name medication;
 - have not yet been successfully transitioned to an alternative generic medication because of clinical/safety concerns; AND
 - do not currently have an alternative payment source for the brand name medication but have a realistic option of finding a third party payment source within the transition period.
- 2) Those Non-TXIX/XXI SMI members previously eligible for TXIXX, enrolled after July 1, 2010, who:
 - have been taking brand name medication;
 - have clinical/safety concerns related to an abrupt discontinuation of brand name medication and transition to an alternative generic medication; AND
 - do not currently have an alternative payment source for the brand name medication but have a realistic option of finding a third party payment source within the transition period.

This prior authorization process is intended for the sole purpose of transitioning Non-TXIX members from brand name to generic medication in the safest, most

clinically appropriate manner. It should not be considered an “exception” to the reduced medication benefit as this option is only temporary and under very specific circumstances. We intend to monitor the prior authorization process to document that time extensions are based on clinical need.

The prior authorization process will have strict limitations. RBHAs will be permitted to approve an extension on a case by case basis in 30 day increments, not to exceed a total of 90 days of coverage within a 12 month period per individual per medication. A [new guidelines document](#) is available online that explains this process in more detail.

We appreciate all of the support and suggestions from our members and providers during these challenging times and welcome your comments and feedback. You have our promise that we will make every decision to implement budget reductions to maintain the highest quality care as our number one priority.

If you have any questions about the benefit guidelines or this prior authorization process, please contact your local Regional Behavioral Health Authority, or call us at 602-364-4558.

Thank You