

Arizona ADAP Formulary Procedure

Effective Date: September 22, 2017

Updated: January 31, 2025

RE: Prior Authorization Request for ADAP Off-Formulary Medication

Summary:

This procedure addresses the process for a provider or pharmacist to request a prior authorization for an off-formulary medication to be temporarily added to the existing Arizona ADAP formulary on behalf of a 340B ADAP enrolled/active client only. Please note: Arizona ADAP Assist clients (those with primary insurance must continue to follow the current process)

Definitions:

PA: Prior Authorization

PIC: Pharmacist in Charge

NDC: National Drug Code

Client Eligibility Criteria:

Enrolled/Active in ADAP

Limitations:

Medications approved through this process will be temporarily added to Arizona ADAP Formulary and will be authorized for one enrolled/active ADAP 340B client per PA. The approval time is only for the regimen duration requested by the submitting provider or pharmacist.

Procedure:

1. HIV Provider or pharmacist acting at HIV providers direction submits a formal PA request via phone, fax or secure email to the ADAP Program Manager.

a) PA requests must contain the following

- i. Patient name
- ii. Patient date of birth
- iii. Medication name
- iv. Indication for medication (ICD-10 Code)
- v. Prior treatment for this indication (if any)
- vi. NDC (Submitted by pharmacy)
- vii. Cost (Submitted by pharmacy)
- viii. vi. One-time fill, yes or no?
 1. If no, number of refills
- ix. Expected/estimated duration of medication for patient
- x. Rational for PA request (Please include any studies/resources if available)
- xi. Should the medication be considered for permanent addition to the ADAP Formulary?
- xii. Requestor's contact information (name, phone and secure email address)

b. A PA template is included in this document; the template is not required as long as all information listed under 1a. i-viii. is contained in the submitted request.

2. Request is routed to ADHS Medical Director for approval.

a. In the absence of the ADHS Medical Director, request is routed to PIC at the ADAP 340B contracted Pharmacy.

3. If review of the request results in a denial

a. Provider/pharmacist is contacted with the results of the review.

4. If review of the request results in an approval

a. Provider/pharmacist is contacted with the results of the review.

b. Client electronic record is updated with an override for the medication.

c. Medication is temporarily added to the ADAP formulary for this client only for the duration requested.

d. Based on submitted request, medication(s) can be added to the next ADAP Formulary Committee meeting agenda for consideration to be fully added to the ADAP formulary.

Template for Formulary Addition:

Patient name: Date of birth:

Medication: NDC, if available:

Cost, if available: One-time fill? Yes No

Expected/estimated duration of use:

Diagnosis/rationale:

Consider for formulary? Yes No

Requestor's name, phone and secure email address:

Submission Procedure:

- Work with a current Arizona ADAP Formulary Committee medical provider or pharmacist to have the template information submitted.
- Fax template information "Attention: ADAP Operations Manager" at 602-364-3263
- Securely email template information to careandservices@azdhs.gov