

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

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.

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). Magellan does not participate in any PDPs or MA-PDs in Maricopa County. 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](#)

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[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.

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- 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](#) - A list of minimum medications that must be included in each T/RBHA formulary.

[Behavioral Health Medical Practitioner](#) - An individual licensed and authorized by law to use and prescribe medication and devices, as defined in A.R.S. § 32-1901, and who is one of the following with at least one year of full-time behavioral health work experience: a. A physician; b. A physician assistant; or c. A nurse practitioner.

[Dual eligible](#) - Refers to a behavioral health recipient who is eligible for both Title XIX and Medicare services. There are two types of dual eligible behavioral health recipients: those eligible for Qualified Medicare Beneficiary (QMB) benefits (QMB dual), and Medicare beneficiaries who are not eligible for QMB benefits (Non-QMB dual).

[Formulary](#) - A list of medications that are made available by individual T/RBHAs for their enrolled members. The list must encompass all medications included on the ADHS/DBHS minimum list of medications.

[Medicare Advantage Prescription Drug Plan \(MA-PD\)](#) - An Medicare Advantage plan that provides qualified prescription drug coverage.

[Prescription Drug Plan \(PDP\)](#) - Prescription drug coverage that is offered under a policy, contract, or plan that has been approved as specified in [42 CFR 423.272](#) and that is offered by a Prescription Drug Plan sponsor that has a contract with CMS that meets the contract requirements under [42 CFR 423.505](#). This includes fallback prescription drug plans.

[Prior Authorization](#) - The process by which ADHS/DBHS, a RBHA or subcontracted provider, whichever is applicable authorizes, in advance, the delivery of covered services contingent upon the medical necessity of the services.

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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.

Magellan, through its pharmacy provider, CVS Caremark, maintains a formulary of medications, which includes all the medications on the ADHS/DBHS Medications List. The formulary also may contain other medications that provide an enhanced range of psychotropic medications for RBHA members. These drugs are reviewed for efficacy, safety, evidence-based support for therapeutic benefit and cost-effectiveness.

The [Magellan/CVS Caremark formulary](#) can be found on the [Magellan of Arizona Web site](#).

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.)

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).

Non-formulary medications require prior authorization before a consumer receives the medication from a network pharmacy. Information about when prior authorization is required and how to request prior authorization can be found in the [Prescriber Protocols](#) section of Magellan's Web site.

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.](#)).

The following require prior authorization:

- Prescription of brand name medication when generic equivalent is available.
- Drugs indicated with a "PA" on the ADHS/DBHS Formulary.

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- Specific medications have restrictions on the quantity of medication that will be dispensed within a 30 day supply, as indicated on the Formulary. These quantities, if applicable, are indicated to the right of each drug listed on the Formulary.
- Antipsychotic medication for children younger than 6 years old and stimulant medication for children less than 4 years old.
- Treatment with more than one antipsychotic medication. The use of two antipsychotic medications for tapering or crossover purposes will be approved for 60 days.
- Treatment with daily dosage more than aripiprazole 30mg, ziprasidone 160mg, risperidone 10mg, quetiapine 800mg, olanzapine 20mg, citalopram 60mg, duloxetine 120mg, escitalopram 20mg, venlafaxine 375mg, fluoxetine 80mg, paroxetine 60mg, bupropion 420mg, bupropion SR 400mg, sertraline 200mg and mirtazapine 45mg.

Clinicians may request prior authorization by completing the [Prior Authorization Request Form for Medications](#) that can be found on the Magellan Website. Please call the CVS Caremark Help Desk at (800) 790-1631 or fax a completed Prior Authorization form to (866) 498-0628.

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
(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 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](#).

The Pharmacy Administrator and Pharmacy Medical Director evaluate all requests for medication additions, deletions or changes to the RBHA formulary. Requests will be evaluated for adequately documented scientific and clinical rationale, and will be presented to the Magellan Pharmacy and Therapeutics Committee for discussion and recommendations. After further approval by the Magellan Chief Medical Officer, all proposed changes are forwarded in writing to ADHS/DBHS for final approval. Updated formularies will be available whenever changes have been made, in the [Pharmacy](#) section of the Magellan Web site.