

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

**Section 3.16** Medication Formularies

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**3.16.1 Introduction**

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) maintains two lists of medications, referred to as the Title XIX/XXI Medication Formulary and the Non-Title XIX/XXI Formulary. Tribal and Regional Behavioral Health Authorities (T/RBHAs) must use these medication formularies to ensure the availability of safe, cost-effective and efficacious medications, ADHS/DBHS may add or delete medications from the formularies 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). 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 make attempts to obtain a drug not on a Part D plan's formulary by requesting an exception from the Part D plan.

**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](#)

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[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 Title XIX/XXI Medication Formulary](#)

[ADHS/DBHS Non-Title XIX/XXI 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 Package for Non-Title XIX/XXI Persons determined to have a Serious Mental Illness \(SMI\)](#)

[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?

This section is only applicable to behavioral health providers contracted with a Tribal or Regional Behavioral Health Authority (T/RBHA). ADHS/DBHS covers medications for the following:

- Title XIX and Title XXI eligible persons;
- Dual eligible persons who are prescribed medications covered through Medicaid (medications covered through Medicare Part D are billed to Medicare plans);
- Non-Title XIX/XXI persons determined to have Serious Mental Illness (SMI); and
- Non-Title XIX/XXI persons presenting with a behavioral health crisis in the community.

### **3.16.4 Did you know...?**

- At a minimum, the T/RBHA's formulary for Title XIX/XXI eligible persons must include all medications on the ADHS/DBHS Title XIX/XXI Medication Formulary; however, T/RBHAs may choose to add to the comprehensive formulary, if desired.
- T/RBHAs must use the ADHS/DBHS Non-Title XIX/XXI Medication Formulary for Non-Title XIX/XXI persons when using Non-Title XIX/XXI funds.
- Updated versions of the [ADHS/DBHS Title XIX/XXI Medication Formulary](#) and ADHS/DBHS Non-Title XIX/XXI Medication Formulary are 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](#).

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- 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/>. Benzodiazepines and barbiturates are excluded under Medicare Part D and will continue to be covered through ADHS/DBHS.

### **3.16.5 Definitions**

[ADHS/DBHS Non-Title XIX/XXI Medication Formulary](#) - The ADHS/DBHS formulary, specified for Non-Title XIX/XXI persons.

[ADHS/DBHS Title XIX/XXI Medication Formulary](#) - A list of minimum medications covered for Title XIX/XXI eligible persons that must be included on 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.

[Depo-medications](#) - Medications which require intramuscular administration.

[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 that are not eligible for QMB benefits (Non-QMB dual).

[Medicare Advantage Prescription Drug Plan \(MA-PD\)](#) - A 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 (PDP) 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 authorizes, in advance, the delivery of covered services contingent upon the medical necessity of the services.

[Schizophrenic Spectrum Disorder](#) - For the purpose of PM Section 3.16, Medication Formularies, Schizophrenic Spectrum Disorder includes Schizophreniform Disorder, Schizophrenia, and Schizoaffective Disorder in addition to the subtypes of Schizophrenia. DSM-IV-TR Cluster A personality disorders and other psychotic disorders are excluded from this definition.

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Third Party Liability - Payment sources available to pay all or a portion of the cost of services incurred by a person.

T/RBHA Formulary – A list of medications that are made available by individual T/RBHAs for Title XIX/XXI eligible persons. The list must encompass all medications included on the ADHS/DBHS Title XIX/XXI Medication Formulary.

**3.16.6 Objectives**

To provide persons access to safe, cost-effective and efficacious medications.

**3.16.7 Procedures**

**3.16.7-A. How are the formularies used to access medications?**

To ensure coverage of medications through the T/RBHA, providers must utilize the T/RBHA Formulary for Title XIX/XXI eligible persons and the ADHS/DBHS Non-Title XIX/XXI Medication Formulary for Non-Title XIX/XXI persons.

Magellan, through its pharmacy benefit manager, maintains a formulary of medications, which includes all the medications on the ADHS/DBHS Medications List. The formulary also may contain additional medications that provide an enhanced range of psychotropic medications for RBHA members. Any proposed additions to our formulary are first reviewed by our Pharmacy & Therapeutics Committee for efficacy, safety, evidence-based support for therapeutic benefit and cost-effectiveness.

A description of Magellan medication formularies and recipient eligibility are outlined below. These formularies can be found on the Magellan of Arizona website at [Magellan formulary](#)

Recipient Eligibility	Medication formulary	Description
Title XIX/XXI	Title XIX/XXI Medication Formulary	List of medications covered for Title XIX/XXI eligible persons. This formulary includes all medications on the ADHS/DBHS Title XIX/XXI Medication Formulary
Non-Title XIX/XXI, SMI	Non-Title XIX/XXI Formulary	List of medications covered for Non-Title XIX/XXI persons determined to have Serious Mental Illness (SMI). This formulary includes all medications on the ADHS/DBHS Non-Title XIX/XXI Medication Formulary

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Non-Title XIX/XXI, Non-SMI presenting in crisis at a Level I acute or subacute facility	Crisis Medication Formulary	List of medications covered for Non-Title XIX/XXI persons who are not determined to have Serious Mental Illness (SMI) and are presenting in crisis at a level 1 acute or subacute facility with prescriptions written by a Magellan (RBHA) credentialed behavioral health medical practitioner. This formulary includes all medications found on the ADHS/DBHS Non-Title XIX/XXI Medication Formulary that offer safety and efficacy in a behavioral health crisis
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Title XIX/XXI eligible persons receiving medication(s) have the right to appeal any decision that affects his/her coverage for medication(s) in accordance with PM [Section 5.1, Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons](#). Non-Title XIX/XXI persons determined SMI have the right to appeal decisions regarding coverage of their medications in accordance with [PM Section 5.5, Notice and Appeal Requirements \(SMI and Non-SMI/Non-Title XIX/XXI\)](#).

Recipients can appeal by contacting Magellan at (602) 652-5863 or by submitting a letter or completed [form 5.3.1 \(ADHS/DBHS Appeal or SMI Grievance Form\)](#), no later than 60 calendar days after the date of Notice, to:

Magellan Health Services of Arizona  
 Attn: Grievance and Appeals  
 P.O. Box 68110  
 Phoenix, AZ 85082-8110

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. However, benzodiazepines and barbiturates are excluded under Medicare Part D and will continue to be covered through ADHS/DBHS. 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 Non-Title XIX/XXI persons determined to have SMI when their third party insurer will not grant an exception for a medication that is a medication on the ADHS/DBHS Non-Title XIX/XXI Medication Formulary. When Non-Title XIX/XXI persons determined to have SMI, who have Medicare or private insurance, are assessed a co-payment for medications, providers must determine the applicable co-payment for the person in accordance with Provider Manual [Section 3.4, Co-payments](#), and Provider Manual [Section 3.5, Third Party Liability and Coordination of Benefits](#).

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**3.16.7-B. Prior authorization**

T/RBHAs must obtain approval in writing from the ADHS/DBHS Chief Medical Officer or designee prior to implementing prior authorization protocols for any medication included on the [ADHS/DBHS Title XIX/XXI Medication Formulary](#), including dosage and dispensing restrictions. T/RBHAs must also obtain approval in writing from the ADHS/DBHS Chief Medical Officer or designee prior to implementing prior authorization protocols for any medication included on the [ADHS/DBHS Non-Title XIX/XXI Medication Formulary](#). 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.](#)).

Prior authorization criteria of medications prescribed for Non-Title XIX/XXI persons determined to have SMI

Non-Title XIX persons determined to have SMI are eligible to receive the medication-only benefit package (see [Section 3.21, Service Package for Non-Title XIX/XXI Persons determined to have a Serious Mental Illness \(SMI\)](#)), which includes coverage of medications listed on the ADHS/DBHS Non-Title XIX/XXI Medication Formulary. After July 1, 2010, any non-TXIX/XXI enrolled persons determined to have SMI who are prescribed brand name atypical antipsychotic medications which are not included on the ADHS/DBHS Non-Title XIX/XXI Medication Formulary must be transitioned to a generic alternative or an alternative funding source, RBHAs must use their established prior authorization processes to receive, review and respond to requests for time-limited coverage for atypical antipsychotic medication(s) including:

- Documentation by the prescribing medical professional of the clinical/safety concerns related to abrupt discontinuation of the medication;
- Documentation by the prescribing medical professional of a clear plan for how the member will be transitioned to an alternative generic antipsychotic medication(s) or alternative funding source;
- Issuance of required notices in the event of denying coverage of this limited benefit in accordance with [Section 5.5, Notice and Appeal Requirements \(SMI and Non-SMI, Non-TXIX/TXXI\)](#); and
- Approval of such requests by the RBHA in 30 day increments, not to exceed 90 days of coverage within a 12 month period per individual per medication.

RBHAs must also utilize their established prior authorization processes for Non-Title XIX/XXI persons determined SMI who are prescribed Risperidal Consta, consistent with the following requirements:

- The member must have a diagnosis of schizophrenia or a schizophrenia spectrum disorder.
- The member must be at least 18 years old.
- The member must be able to tolerate at least 2mg/day of oral risperidone.
- The member must have a documented history of poor adherence to oral risperidone and documentation that patient education and other efforts to improve adherence have been tried (e.g. pill boxes).

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- The prescribing medical professional must taper and discontinue oral risperidone within 60 days after Risperidal Consta is initiated.
- Target symptoms must be clearly documented and tracked over time in the psychiatric progress notes and assessments.

Prior authorization of Risperidal Consta may be approved for up to one year, but requires re-authorization annually and re-authorization must consider clinical indication and documented benefit. Authorization criteria for Risperidal Consta must minimally be approved for no less than 30 days.

If a T/RBHA wishes to establish any additional prior authorization criteria for medications on the ADHS/DBHS Non-Title XIX/XXI Medication Formulary, they must be for the purposes of ensuring clinical appropriateness of prescribing practices (e.g. intra-class polypharmacy and dosages above the FDA recommendation.) All prior authorization policies and criteria must be approved by ADHS/DBHS in advance of implementation.

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.
- 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 total daily dosage greater than that listed for the following medications: aripiprazole 30mg, ziprasidone 160mg, risperidone 10mg, quetiapine 800mg, olanzapine 20mg, citalopram 60mg, duloxetine 60mg, escitalopram 20mg, venlafaxine 375mg, fluoxetine 80mg, paroxetine 62.5mg, bupropion 450mg, sertraline 200mg and mirtazapine 45mg.
- Treatment with combinations of medications known to have drug-drug interactions, including Clozapine with Fluvoxamine or Carbamazepine, MAO inhibitors with other antidepressants or Tri-Cyclic Antidepressants with Fluoxetine, Paroxetine or Fluvoxamine.
- Note: with the exception of brand-name typical antipsychotic medications (as described above), Magellan will not accept prior authorization requests for Non-Title SMI recipients for medications NOT on the ADHS/DBHS Non-Title XIX/XXI Medication Formulary.

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 Magellan Pharmacy 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 Title XIX/XXI Medication Formulary](#), ADHS/DBHS Non-Title XIX/XXI Formulary or their contracted T/RBHA's Medication Formulary.

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Changes to the ADHS/DBHS Medication Formularies

To propose additions or deletions to the ADHS/DBHS Title XIX/XXI Medication Formulary or ADHS/DBHS Non-Title XIX/XXI Medication Formulary, a behavioral health medical practitioner shall submit a written request to the T/RBHA Chief Medical Officer or designee:

Chief Medical Officer  
Dr. Robert I. Sack  
4801 East Washington Street  
Phoenix, AZ 85034

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
- The drugs on the current formulary that this medication could replace.

Deletions:

A detailed summary of the reason for requesting the deletion.

The T/RBHA Chief Medical Officer or designee will present requests, as determined appropriate, to the ADHS/DBHS Chief Medical Officer or designee for a final determination.

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.