

**Arizona Department of Health Services  
Division of Behavioral Health Services  
PROVIDER MANUAL  
White Mountain Apache Behavioral Health Services Version**

**Section 3.16**      **MEDICATION LIST**

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**3.16.1 Introduction**

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) maintains an approved list of medications, referred to as the [ADHS/DBHS Medication List](#), that must be included in the Tribal and Regional Behavioral Health Authorities' (T/RBHAs') formularies. The ADHS/DBHS Medication List ensures the availability of safe, cost-effective and efficacious medications for eligible service recipients. ADHS/DBHS may add or delete medications from the list 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). WMABHS clients receiving services on the Fort Apache Reservation will work with their Whiteriver IHS Primary Care Doctor and Pharmacy to determine which program best suits their needs. WMABHS Clients receiving services on the Fort Apache Reservation will adhere to the IHS Medication Formulary. 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](#)

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[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 List](#)

[T/RBHA Medication Formulary](#)

[Section 3.14, Securing Services and Prior Authorization](#)

[Section 3.15, Psychotropic Medications: Prescribing and Monitoring](#)

[Section 3.25, Crisis Intervention Services](#)

[Section 5.1, Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons](#)

[Section 5.5, Notice and Appeal Requirements \(SMI and Non-SMI/Non-Title XIX/XXI\) 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 must include all medications on the [ADHS/DBHS Medication List](#); however, T/RBHAs may choose to add medications to their comprehensive formulary, if desired.
- Updated versions of the [ADHS/DBHS Medication List](#) are posted on the ADHS/DBHS website. Updated information concerning covered medical testing services is also posted on

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

### **3.16.5 Definitions**

[ADHS/DBHS Medication List](#)

[Behavioral Health Medical Practitioner](#)

[Depo-medications](#)

[Dual eligible](#)

[Medicare Advantage Prescription Drug Plan \(MA-PD\)](#)

[Prescription Drug Plan \(PDP\)](#)

[Prior Authorization](#)

[Schizophrenic Spectrum Disorder](#)

[Third Party Liability](#)

[T/RBHA 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 is the Medication List used to access medications?**

To ensure coverage of medications through the T/RBHA, providers must utilize the [ADHS/DBHS Medication List](#) and T/RBHA Medication Formulary.

WMABHS clients receiving services on the Fort Apache Reservation and/or clients placed off reservation utilizing IHS will utilize the IHS medication formulary. Clients utilizing medication services other than IHS must utilize the [ADHS/DBHS Medication List](#).

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Title XIX/XXI eligible persons receiving medication(s) have the right to notice and appeal when a decision affects coverage for medication(s), in accordance with [Section 5.1, Notice Requirements and Appeal Process for Title XIX and Title XXI Eligible Persons](#). Non-Title XXI/XXI persons determined SMI have the right to notice and appeal when a decision affects medication coverage, in accordance with [PM Section 5.5, Notice and Appeal Requirements \(SMI and Non-SMI/Non-Title XIX/XXI\)](#).

WMABHS Clients utilizing non-IHS providers may coordinate with their ABHS lead Clinician to make a request for medications that are not on the ADHS/DBHS Medication List. Clients may file an appeal with ADHS/DBHS as described in [PM Section 5.5.7.D](#).

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 persons determined to have SMI, regardless of Title XIX/XXI eligibility, when their third party insurer will not grant an exception for a medication that is a medication on the [ADHS/DBHS Medication List](#).

Applicable co-payments must only be collected in accordance with [Provider Manual Section 3.4, Co-payments](#). For persons with coverage from third party payors, co-payments are collected in accordance with [Provider Manual Section 3.5, Third Party Liability and Coordination of Benefits](#).

WMABHS as a Fee-For-Service provider serving Native Americans has no co-pay requirements.

**3.16.7-B. Prior authorization**

ADHS/DBHS requires the RBHAs to prior authorize coverage of Abilify (aripiprazole). See [Provider Manual Attachment 3.16.1](#).

For all other medications on the [ADHS/DBHS Medication List](#), RBHAs must obtain approval in writing from the ADHS/DBHS Chief Medical Officer or designee prior to implementing prior authorization protocols, including dosage and dispensing restrictions. If a 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.

WMABHS Clients utilizing medication services other than IHS providers will coordinate with their ABHS lead clinician and follow the steps outlined above to complete the prior authorization protocols. WMABHS clients receiving medication services through IHS will adhere to the IHS medication requirements.

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**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 List](#) or their contracted T/RBHA's Medication Formulary.

Changes to the ADHS/DBHS Medication List

To propose additions or deletions to the [ADHS/DBHS Medication List](#), a behavioral health medical practitioner shall submit a written request to the T/RBHA Chief Medical Officer or designee:

Chief Medical Officer

IHS Psychiatrist – Dr. Bahngoo – Whiteriver IHS (928) 338-4911

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.