

**SECTION: 4    CHAPTER: 1300**  
**POLICY: 1301,   ADHS/DBHS Drug List**

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**1. PURPOSE:**

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) maintains an approved list of federally reimbursable medications, referred to as the [ADHS/DBHS Drug List](#) that must be adopted by the Tribal and Regional Behavioral Health Authorities (T/RBHAs) and incorporated into their drug lists for Title XIX/XXI members. The ADHS/DBHS Behavioral Health Drug List promotes the availability of safe, efficacious and cost-effective medications for eligible members. Medications not included in the drug list may be covered for Title XIX/XXI members when they are medically necessary, cost effective and federally and state reimbursable. ADHS/DBHS may add, delete or change medications on the list based on recommendations from the ADHS/DBHS Pharmacy and Therapeutic (P&T) Committee.

**2. TERMS:**

Definitions for terms are located online at <http://www.azdhs.gov/bhs/definitions/index.php>. The following terms are referenced in this section:

ADHS/DBHS Drug List  
Behavioral Health Professional  
Dual eligible  
Medicare Advantage Prescription Drug Plan (MA-PD)  
Prescription Drug Plan (PDP)  
Prior Authorization (PA)  
Third Party Liability  
T/RBHA Drug List

**3. PROCEDURES:**

- a. Use of the ADHS/DBHS Drug List
  - i. To ensure coverage of medications through the T/RBHA, providers must utilize the [ADHS/DBHS Drug List](#). T/RBHAs must provide information directing providers to the T/RBHA Drug List including a direct link to the document on their website.
  - ii. Members with third party private insurance coverage, other than Medicare Part D, have access to behavioral health medications on the private insurer's health plan's drug list. If the prescribed medication is not included on the private insurer's health plan's drug list, the prescriber shall submit a prior authorization request for coverage of the medication to the private insurer. If the request is denied, the prescriber must assist the member in submitting an appeal to the private insurer for the medication. T/RBHAs shall cover medically necessary federally reimbursable behavioral health medications for persons who are Title XIX/XXI and have been determined SMI, when the private insurer refuses to approve the request or appeal for a medication listed on the [ADHS/DBHS Drug List](#).
  - iii. Medicare eligible members, including persons who are dually eligible for Medicare (Title XVII) and Medicaid (Title XIX), shall receive their prescription medications from

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- the Medicare Part D prescription drug benefit through Medicare Prescription Drug Plans (PDPs) or Medicare Advantage Prescription Drug Plans (MA-PDs).
- iv. Prescription drug coverage for Medicare eligible members must be obtained through the member's Medicare Part D benefit.
    - (1) T/RBHAs shall not require prior authorization processes for medications that have been approved for payment under Medicare Part B plans and will specify this information and associated procedures in their provider manual policies.
    - (2) Federal and State laws prohibit the use of AHCCCS monies to pay for Medicare Part D medications, including cost sharing. There may be an occasion when a behavioral health member's prescribed drug is not available through his/her Part D benefit. The T/RBHAs and/or behavioral health providers must submit a prior authorization request for the medication to the Medicare Part D Plan. If the request is denied, the prescriber must assist the member in submitting an appeal to the Medicare Part D Plan and/or CMS for the medication.
    - (3) T/RBHAs must provide information to their subcontracted providers indicating whether the T/RBHA is included as a network provider for a Medicare advantage Plan that provides a Medicare Part D benefit.
  
  - b. Prior Authorization
    - i. ADHS/DBHS requires the T/RBHAs to utilize prior authorization processes for coverage of medications indicated on the ADHS/DBHS Drug List with a PA requirement. (See [ADHS/DBHS Drug List and Prior Authorization Guidance Documents webpage.](#))
    - ii. The T/RBHAs must utilize the ADHS/DBHS prior authorization criteria to evaluate submitted prior authorizations.
    - iii. Prior authorization criteria change requests may be submitted to the ADHS/DBHS Chief Medical Officer for review at the next ADHS/DBHS Pharmacy and Therapeutics Committee meeting.
  
  - c. Changes to the ADHS/DBHS Behavioral Health Drug List
    - i. To propose additions, deletions, or changes to the ADHS/DBHS Drug List, a behavioral health professional shall submit a written request to the T/RBHA Chief Medical Officer or designee. The T/RBHA will request the proposed action as an agenda item to be discussed at the next P&T Committee.
    - ii. Requests must include the following information:
      - (1) Medication requested (trade name and generic name, if applicable);
      - (2) Dosage forms, strengths and corresponding costs of the medication requested;
      - (3) Average daily dosage;
      - (4) Indications for use (including pharmacological effects, therapeutic uses of the medication and target symptoms);
      - (5) Advantages or disadvantages of the medication over currently available products listed on the drug list (including any relevant research findings if available);
      - (6) Adverse effects reported with the medication;

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- (7) Specific monitoring requirements; and
- (8) For deletions, a detailed summary of the reason(s) for requesting the deletion.

**4. REFERENCES:**

[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](#)  
[A.R.S. 32-1901](#)  
[R9-21-207](#)  
[R9-22-209](#)  
[R9-31-209](#)  
[AHCCCS/ADHS Contract](#)  
[ADHS/RBHA Contracts](#)  
[ADHS/TRBHA IGAs](#)  
[ADHS/DBHS Covered Behavioral Health Services Guide](#)  
[ADHS/DBHS Drug List](#)  
[Policy 108, Psychotropic Medications: Prescribing and Monitoring](#)  
[Policy 111, Crisis Intervention Services](#)  
[Policy 1101, Securing Services and Prior Authorization](#)  
[Policy 1801, Title XIX and Title XXI Notice and Appeal Requirements](#)  
[Policy 1804, Notice and Appeal Requirements \(SMI and Non-SMI/Non-Title XIX/XXI\)](#)  
[ADHS/DBHS Drug List and Prior Authorization Guidance Documents webpage](#)  
[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](#)

