

ADHS/DBHS Guidelines to the RBHAs and Providers: Prior Authorization Process for Time-Limited Coverage of Atypical Antipsychotic Brand Medication to Transition to Non-TXIX/XXI Medication Formulary



In order to transition non-TXIX/XXI Members with a Serious Mental Illness (SMI) who are currently taking brand name atypical antipsychotic medications to an alternative generic antipsychotic medication, or to facilitate the coverage of the brand name atypical antipsychotic through an alternative funding source, the RBHAs shall incorporate a prior authorization process to allow for time-limited coverage for brand name Atypical Antipsychotic medications. The prior authorization process must be consistent with these requirements:

- RBHAs may use ADHS allocated funds to cover brand name atypical antipsychotic medications for non-TXIX/XXI members with serious mental illness (SMI) only while transitioning members to the limited pharmacy benefit (Non-TXIX/XXI Formulary).
- This time-limited benefit is only available for:
 - Non-TXIX/XXI SMI members enrolled as of June 30, 2010 who:
 - are currently taking brand name atypical antipsychotic medication(s);
 - have not yet been successfully and fully transitioned to an alternative antipsychotic generic medication(s) due to clinical/safety concerns; AND
 - have no alternative funding source for the brand name atypical antipsychotic medication(s).
 - Non-TXIX/XXI SMI members (or SMI members who were previously TXIX eligible, but are no longer eligible) enrolled after July 1, 2010, who:
 - have been taking brand name atypical antipsychotic medication(s);
 - have clinical/safety concerns related to abrupt discontinuation of brand name antipsychotic medication(s) and transition to an alternative antipsychotic generic medication(s); AND
 - have no alternative funding source for the brand name atypical antipsychotic medication(s).
- RBHA's shall use their established Prior Authorization processes to receive, review and respond to requests for time-limited coverage for atypical antipsychotic medication(s), which shall include:
 - Documentation by the prescribing medical professional of the clinical/safety concerns for the member AND an outlined plan for how the member will be transitioned to an alternative generic antipsychotic medication(s) or alternative funding source;
 - Issuance of required Notices of Decision in the event of denying coverage of this limited benefit; 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.