

PHARMACY GUIDELINE – 12

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UNIVERSITY PHYSICIANS HEALTH PLANS

[University Family Care and Maricopa Health Plan]

PHARMACY REFERRAL GUIDELINE

PSYCHOTROPIC MEDICATION REFERRAL AUTHORIZATION

PURPOSE:

To ensure that members receive psychotropic medication authorization consistent with AHCCCS guidelines and University Physicians Health Plans (UPHP) policy.

PROCEDURE:

1. UPHP makes available medication for the treatment of depression, anxiety, and ADD/ADHD within primary care. Designated medications require prior authorization.
2. Prior authorization requests are faxed to the Health Plan and reviewed by the Pharmacy Coordinator and entered into the database.
3. The prior authorization request is forwarded to the Behavioral Health Coordinator, Prior Authorization R.N., or Medical Director, depending on circumstance and staff availability.
4. The reviewer shall base the decision to approve or deny on AHCCCS guidelines for psychotropic medications, UPHP policy, consultation with the UPHP Pharmacist or Medical Director, and information supplied by the RBHA pertaining to step therapy and medication stabilization for those members returning to the PCP from the treating psychiatrist.
5. The Behavioral Health Coordinator and R.N. may approve formulary and non-formulary medications under supervision of the Medical Director.
6. For members returning to an accepting PCP from the RBHA, Medication will be authorized by the Health Plan at the same dosage the member has been stable on (for at least 6 months) based on RBHA / PCP coordination and agreement.
7. Initial approval of psychotropic medication is generally for one year. If the member is stabilized and has had no psychiatric hospitalizations, medication overdoses, or other critical events (e.g., suicidal or homicidal ideations), subsequent authorization may be open-ended as long as the member remains stable. Continued authorization requires a specific re-evaluation of patient's status by the Primary Care Provider after the initial one year authorization.
8. When requesting a non-formulary medication, please ensure that documentation shows what formulary medications have been tried and failed. For example, if Adderall is requested for ADHD, the member must have had a trial and failed at least one formulary medication such as Ritalin or Dexadrine.

9. General guidelines (AHCCCS Psychotropic Medication Initiative 1999):
- (a) PCPs may treat uncomplicated depression, anxiety, and ADD/ADHD.
 - (b) All other diagnoses (bipolar disorder, etc.) must be referred to the RBHA for specialty care.
 - (c) If a member has been discharged from a psychiatric hospitalization, and the PCP writes for a continuation of a medication prescribed at the hospital, it may be approved short term (one month) to prevent decompensation until member is seen by the RHBA prescriber.
 - (d) Member may obtain medication for limited diagnoses listed in (a) from PCP or RHBA prescriber, but not both at the same time.
 - (e) Prescriptions written for a UPHP member by a RBHA prescriber must be covered by the RBHA through their contracted pharmacy.
 - (f) If a PCP treated member becomes suicidal, enters a psychiatric hospital for any reason, or has a medication reaction, the member must be transferred to the RBHA for continued care. The Health Plan facilitates the transfer and bridges the medication for one month.
 - (g) A one-time RBHA consultation is available at any time when questions arise while treating a member for depression, anxiety, or ADHD/ADD. Call the Health Plan Behavioral Health Coordinator at (520) 874-5214 for assistance with setting up a consultation.

Approved by the Pharmacy and Therapeutics Committee 3/01; Revised and approved by the Pharmacy and Therapeutics Committee 12/03; Reviewed 12/05, 6/06, 1/08, 5/09