



## Psychotropic Prescribing Guidelines

### Antidepressant Medications

1. A member must be diagnosed with a depressive disorder or be stable on current antidepressant medication.
2. Treatment of complex depressive symptoms, co-morbid substance abuse issues or complicated mood disorders (i.e. Bipolar Disorder) should be referred to Magellan Health Services of Arizona, Inc (Magellan) at 1-800-564-5465. Please refer to the Provider Manual for additional behavioral health referral information.
3. Initial treatment of uncomplicated depression should begin with a trial of one of the following generic formulary SSRI medications:
  - Citalopram (Celexa)
  - Fluoxetine (Prozac)
  - Paroxetine (Paxil)
  - **Paroxetine SR (Paxil CR) Prior authorization required**
  - Sertraline (Zoloft)
4. A provider may prescribe a 30-day trial of the medication in order to rule out potential side effects.
5. If the medication is well tolerated, a three-month trial period is recommended to determine efficacy.
6. Please refer to the Care1st Pharmacy Formulary (AHCCCS, KidsCare, DDD) located on the Care1st website at [www.care1st.com/az/providers/formulary](http://www.care1st.com/az/providers/formulary). Prior authorization requirements are indicated with a PA in the requirements/limits column on the formulary and medications are dispensed as generic unless otherwise indicated.
7. Citalopram, Fluoxetine, Paroxetine and Sertraline do not require prior authorization and are available in regular strength only.
8. Paroxetine SR is the only extended release antidepressant available on the Care1st formulary at this time and requires prior authorization. Approval is contingent upon the clinical reason for requesting that particular medication, an explanation of why the regular release has failed or is contraindicated and the benefit of utilizing the extended release version of the medication. Please include office visit progress notes with the prior authorization request.
9. The Pharmacy Authorization Form located on the Care1st website at [www.care1st.com/az/providers/forms](http://www.care1st.com/az/providers/forms) is necessary for non-formulary antidepressant medications and for those medications requiring prior authorization. Please list the medication(s) requested, diagnostic findings/reasons for the request, and all previous treatment (including prior medication, date/duration of treatment and the resulting effect).

## **Antidepressant Medications (continued)**

10. All pharmacy authorization requests will be reviewed for medical necessity by the Medical or Pharmacy Director.
11. Pharmacy Authorization Forms located on the Care1st website at [www.care1st.com/az/providers/forms](http://www.care1st.com/az/providers/forms) should be faxed to the Prior Authorization Fax Line at 602-778-1838.
12. Any questions regarding a pharmacy request may be directed to the Pharmacy Line at 602-778-1831.
13. If the SSRI class of antidepressant proves ineffective, a trial of one of the following generic formulary alternative antidepressant medications may be appropriate:
  - **Bupropion** (Wellbutrin) **Prior authorization required**
  - **Bupropion SR** (Wellbutrin SR) **Prior authorization required**
  - Venlafaxine (Effexor)
14. Bupropion requires prior authorization and is available in regular strength only. Approval is contingent upon the clinical reason for requesting this particular medication and the medical documentation provided to support the request. Please list all previous treatment (including prior medication, date/duration of treatment and the resulting effect) and provide all pertinent office visit progress notes with the prior authorization request.
15. Bupropion SR is the only extended release alternative antidepressant available on the Care1st formulary at this time and requires prior authorization. Approval is contingent upon the clinical reason for requesting that particular medication, an explanation of why the regular release has failed or is contraindicated and the benefit of utilizing the extended release version of the medication. Please include office visit progress notes with the prior authorization request.
16. Other classes of generic antidepressant medication listed on the Care1st Pharmacy Formulary (AHCCCS, KidsCare, DDD) located on the Care1st website at [www.care1st.com/az/providers/formulary](http://www.care1st.com/az/providers/formulary) do not require prior authorization and may be prescribed at the provider's discretion.
17. When a patient has been stable for at least three months on antidepressant medication that requires prior authorization, a twelve-month authorization may be granted pending an informal review for continued medical necessity by the Medical or Pharmacy Director. Thereafter, a Pharmacy Authorization Form located on the Care1st website at [www.care1st.com/az/providers/forms](http://www.care1st.com/az/providers/forms) will be required every twelve months to continue medication authorization.
18. The Behavioral Health Coordinator is available for assistance during business hours at 602-778-1834.
19. As depression has such a strong behavioral and environmental component, Care1st Health Plan Arizona recommends considering a referral to Magellan for evaluation and treatment utilizing behavioral management, cognitive therapy and/or family counseling.

## **Antianxiety Medications**

1. A member must be diagnosed with an anxiety disorder or be stable on current antianxiety medication.
2. Treatment of complex anxiety symptoms, co-morbid substance abuse issues or complicated anxiety disorders (i.e. Obsessive Compulsive Disorder) should be referred to Magellan at 1-800-564-5465. Please refer to the Provider Manual for additional behavioral health referral information.
3. Initial treatment of uncomplicated anxiety should begin with a trial of one of the following antianxiety medications:
  - Alprazolam (Xanax)
  - Buspirone (BuSpar)
  - Clonazepam (Klonopin)
  - Diazepam (Valium)
  - Lorazepam (Ativan)
  - Oxazepam (Serax)
4. Please refer to the Care1st Pharmacy Formulary (AHCCCS, KidsCare, DDD) located on the Care1st website at [www.care1st.com/az/providers/formulary](http://www.care1st.com/az/providers/formulary). Generic formulary antianxiety medications are dispensed without prior authorization.
5. The Pharmacy Authorization Form located on the Care1st website at [www.care1st.com/az/providers/forms](http://www.care1st.com/az/providers/forms) is necessary for prior authorization of non-formulary antianxiety medication. Please list the medication(s) requested, diagnostic findings/reasons for the request, and all previous treatment (including prior medication, date/duration of treatment and the resulting effect).
6. All pharmacy authorization requests will be reviewed for medical necessity by the Medical or Pharmacy Director.
20. Pharmacy Authorization Forms located on the Care1st website at [www.care1st.com/az/providers/forms](http://www.care1st.com/az/providers/forms) should be faxed to the Prior Authorization Fax Line at 602-778-1838.
7. Any questions regarding a pharmacy request may be directed to the Pharmacy Line at 602-778-1831.
8. Pharmacy protocols exist that limit a patient's ability to fill antianxiety medications prematurely. When this occurs, the Behavioral Health Coordinator will be notified and will inform the prescribing physician.
9. If a provider has any indication that a patient may be abusing and/or addicted to an antianxiety medication or if a provider believes that a patient may be receiving similar medications from multiple doctors, please contact the Behavioral Health Coordinator at 602-778-1834 for consultation and assistance.
10. As anxiety has such a strong behavioral and environmental component, Care1st Health Plan Arizona recommends considering a referral to Magellan for evaluation and treatment utilizing behavioral management, cognitive therapy and/or family counseling.

## Stimulant Medications

1. A member must be diagnosed with an attention deficit/hyperactivity disorder (ADHD) or be stable on current stimulant medication.
2. Treatment of complex ADHD symptoms, co-morbid substance abuse issues or complicated disruptive behavior disorders (i.e. Conduct Disorder) should be referred to Magellan at 1-800-564-5465. Please refer to the Provider Manual for additional behavioral health referral information.
3. Initial treatment of uncomplicated ADHD should begin with a trial of one of the following generic formulary stimulant medications:
  - **Amphetamine/D-amphetamine (Adderall) Prior authorization required**
  - Dextroamphetamine Sulfate (Dexedrine)
  - Methylphenidate (Ritalin)
  - Methylphenidate SR (Ritalin SR)
  - **Methylphenidate CD (Metadate CD) Prior authorization required**
4. A provider may prescribe a 30-day trial of the medication in order to rule out potential side effects.
5. If the medication is well tolerated, a three-month trial period is recommended to determine efficacy.
6. Please refer to the Care1st Pharmacy Formulary (AHCCCS, KidsCare, DDD) located on the Care1st website at [www.care1st.com/az/providers/formulary](http://www.care1st.com/az/providers/formulary). Prior authorization requirements are indicated with a PA in the requirements/limits column on the formulary and medications are dispensed as generic unless otherwise indicated.
7. Amphetamine/Dextroamphetamine requires prior authorization and is available in regular strength only. Approval is contingent upon the clinical reason for requesting this particular medication and the medical documentation provided to support the request. Please list all previous treatment (including prior medication, date/duration of treatment and the resulting effect) and provide all pertinent office visit progress notes with the prior authorization request.
8. Methylphenidate CD and Methylphenidate SR are the only extended release alternative stimulants available on the Care1st formulary at this time.
9. Methylphenidate CD requires prior authorization and approval is contingent upon the clinical reason for requesting that particular medication, an explanation of why the regular release has failed or is contraindicated and the benefit of utilizing the extended release version of the medication. Please include office visit progress notes with the prior authorization request.
10. The Pharmacy Authorization Form located on the Care1st website at [www.care1st.com/az/providers/forms](http://www.care1st.com/az/providers/forms) is necessary for non-formulary stimulant medications and for those medications requiring prior authorization. Please list the medication(s) requested, diagnostic findings/reasons for the request, and all previous treatment (including prior medication, date/duration of treatment and the resulting effect).

## **Stimulant Medications (continued)**

11. All pharmacy authorization requests will be reviewed for medical necessity by the Medical or Pharmacy Director.
12. Pharmacy Authorization Forms located on the Care1st website at [www.care1st.com/az/providers/forms](http://www.care1st.com/az/providers/forms) should be faxed to the Prior Authorization Fax Line at 602-778-1838.
13. Any questions regarding a pharmacy request may be directed to the Pharmacy Line at 602-778-1831.
14. When a patient has been stable for at least three months on a stimulant medication that requires prior authorization, a twelve-month authorization may be granted pending an informal review for continued medical necessity by the Medical or Pharmacy Director. Thereafter, a Pharmacy Authorization Form located on the Care1st website at [www.care1st.com/az/providers/forms](http://www.care1st.com/az/providers/forms) will be required every twelve months to continue medication authorization.
15. Pharmacy protocols exist that limit the patient's ability to fill stimulant medications prematurely. When this occurs, the Behavioral Health Coordinator will be notified and will inform the prescribing physician.
16. If a provider has any indication that a patient may be abusing and/or addicted to a stimulant medication or if a provider believes that a patient may be receiving similar medications from multiple doctors, please contact the Behavioral Health Coordinator at 602-778-1834 for consultation and assistance.
17. As ADHD has such a strong behavioral and environmental component, Care1st Health Plan Arizona recommends considering a referral to Magellan for evaluation and treatment utilizing behavioral management, cognitive therapy and/or family counseling.