

310-V PRESCRIPTION MEDICATIONS/PHARMACY SERVICES

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02/01/15, 01/01/16, 07/01/16, 04/01/17, 11/16/17**I. PURPOSE**

This Policy applies to Acute Care, ALTCS/EPD, CRS, DCS/CMDP (CMDP), DES/DDD (DDD), RBHA Contractors; and Fee-For-Services (FFS) Programs delineated within this Policy including: Tribal ALTCS, TRBHAs, and the American Indian Health Program (AIHP), and all FFS populations, excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). The purpose of this Policy is to outline medication/ pharmacy coverage requirements and limitations of the AHCCCS pharmacy benefit.

II. DEFINITIONS

ACTUAL ACQUISITION COST	The purchase price of a drug paid by a pharmacy net of all discounts, rebates, chargebacks and other adjustments to the price of the drug, not including professional fees.
ADVERSE DRUG EVENT (ADE)	An injury resulting from medical intervention related to a drug including harms that occur during medical care that are directly caused by the drug including but not limited to medication errors, adverse drug reactions, allergic reactions, and overdose.
AHCCCS BEHAVIORAL HEALTH DRUG LIST	A list of preferred behavioral health medications that are to be used by all Contractors responsible for the administration of behavioral health pharmacy benefits, including but not limited to Long Term Care, Children’s Rehabilitative Services, and RBHAs. This drug list is limited to federally and state reimbursable behavioral health medications that are supported by current evidence-based medicine. The AHCCCS Behavioral Health Drug List was developed to encourage the use of safe, effective, clinically appropriate, and the most cost-effective behavioral health medications.

AHCCCS DRUG LIST

A list of preferred drugs that are to be used by all Contractors responsible for the administration of acute and long-term care pharmacy benefits. This drug list identifies specific federally and state reimbursable medications and related products, which are supported by current evidence-based medicine. The AHCCCS Drug List was developed to encourage the use of safe, effective, clinically appropriate, and the most cost-effective medications.

AHCCCS DRUG LISTS

Refers to both the AHCCCS Drug List and the AHCCCS Behavioral Health Drug List

BIOSIMILAR

A biological drug approved by the FDA based on a showing that it is highly similar to an FDA-Approved biological drug, known as the reference product, and has no clinically meaningful differences in terms of safety and effectiveness from the reference product.

GENERIC DRUG

A drug that contains the same active ingredient(s) as a brand name drug and the FDA has approved it to be manufactured and marketed after the brand name drugs patent expires. Generic drug substitution shall be completed in accordance with Arizona State Board of Pharmacy rules and regulations.

MEDICATION ERROR

The inappropriate use of a drug that may or may not result in harm; such errors may occur during prescribing, transcribing, dispensing, administering, adherence, or monitoring of a drug.

NON-PREFERRED DRUG

A medication that is not listed on the AHCCCS Drug List or the AHCCCS Behavioral Health Drug List. Non-Preferred drugs require prior authorization.

PALLIATIVE CARE

Medical care for members with a chronic or terminal illness. It focuses on providing members with relief from symptoms and the stress of illness. The goal is to improve the quality of life for both the member and his or her families. It is appropriate at any age and any stage in the illness and can be provided in conjunction with curative treatment outside the context of hospice care.

**PHARMACY AND
THERAPEUTICS (P&T)
COMMITTEE**

The advisory committee to the AHCCCS Administration, which is responsible for developing, managing, updating, and administering the AHCCCS Drug List and AHCCCS Behavioral Health Drug List. The P&T Committee is primarily comprised of physicians, pharmacists, nurses, other health care professionals and community members.

PREFERRED DRUG	A medication that has been clinically reviewed and approved by the AHCCCS P&T Committee for inclusion on the AHCCCS Drug List and/or the AHCCCS Behavioral Health Drug List as a preferred drug due to its proven clinical efficacy and cost effectiveness.
PROFESSIONAL FEE	The amount paid for the professional services provided by the pharmacist for dispensing a prescription. The Professional Fee does not include any payment for the drug being dispensed.
SERIOUS MENTAL ILLNESS (SMI)	A diagnosis of, a condition defined in A.R.S. §36-550 and diagnosed in a person 18 years of age or older.
STEP THERAPY	The practice of initiating drug therapy for a medical condition with the most cost-effective and safe drug, and stepping up through a sequence of alternative drug therapies if the preceding treatment option fails.
340B CEILING PRICE	The maximum price that drug manufacturers may charge covered entities participating in the 340B Drug Pricing Program as reported by the drug manufacturer to the United States Department of Health and Human Services. The 340B Ceiling Price per unit is defined as the Average Manufacturer Price minus the Federal Unit Rebate Amount.
340B CONTRACTED PHARMACIES	A separate pharmacy that a 340B covered entity contracts with to provide and dispense prescription and physician-administered drugs using medications that are subject to 340B drug pricing program.
340B COVERED ENTITY	An organization as defined by 42 United States Code section 256b that participates in the 340B drug pricing program.
340B DRUG PRICING PROGRAM	The discount drug purchasing program described in section 256b of 42 United States Code.

III. POLICY

Medically necessary, cost-effective, and federally and state reimbursable medications prescribed by a physician, physician's assistant, nurse practitioner, dentist, or other AHCCCS registered practitioner and dispensed by an AHCCCS registered licensed pharmacy are covered for members consistent with 9 A.A.C. 22 Article 2, 9 A.A.C. 28 Article 2, and 9 A.A.C. 31 Article 2 and for persons who have a diagnosis of Serious Mental Illness (SMI), pursuant to A.R.S. §36-550.

A. THE AHCCCS DRUG LIST AND THE AHCCCS BEHAVIORAL HEALTH DRUG LIST ALSO TO BE REFERRED TO AS THE AHCCCS DRUG LISTS

The AHCCCS Pharmacy and Therapeutics (P&T) Committee is responsible for developing, managing, and updating the AHCCCS Drug List and the AHCCCS Behavioral Health Drug List to assist providers in selecting clinically appropriate and cost-effective drugs for AHCCCS members. The AHCCCS P&T Operational Policy can be located at:

<https://www.azahcccs.gov/PlansProviders/Downloads/PharmacyUpdates/PTCOperationalPolicy.pdf>

Each Contractor is required to maintain its own drug list to meet the unique needs of the members they serve. At a minimum, the Contractor's drug list must include all of the drugs listed on the AHCCCS Drug Lists as further detailed below.

The AHCCCS Drug Lists are not all-inclusive lists of medications for AHCCCS members. Contractors are required to cover *all* medically necessary, clinically appropriate, and cost-effective medications that are federally and state reimbursable regardless of whether or not these medications are included on these lists.

1. Preferred Drugs

The AHCCCS Drug Lists designate medications that are preferred drugs for specific therapeutic classes. Contractors are required to maintain preferred drug lists that include each and every drug exactly as listed on the AHCCCS Drug Lists, as applicable. When the AHCCCS Drug Lists specify a preferred drug(s) in a particular therapeutic class, Contractors are not permitted to add other preferred drugs to their preferred drug lists in those therapeutic classes.

Contractors shall inform their Pharmacy Benefit Managers (PBM) of the preferred drugs and shall require the PBM to institute point-of-sale edits that communicate back to the pharmacy the **preferred drug(s) of a therapeutic class whenever a claim is submitted for a non-preferred drug**. Preferred drugs recommended by the AHCCCS P&T Committee and approved by AHCCCS are effective on the first day of the first month of the quarter following the P&T Meeting unless otherwise communicated by AHCCCS.

Contractors shall approve the preferred drugs listed for the therapeutic classes contained on the AHCCCS Drug Lists, as appropriate, before approving a non-preferred drug unless:

- a. The member has previously completed step therapy using the preferred drug(s), or
- b. The member's prescribing clinician supports the medical necessity of the non-preferred drug over the preferred drug for the particular member.

Contractors are not required to provide a Notice of Adverse Benefit Determination (NOA) when the prescribing clinician is in agreement with the change to the

preferred drug. A Prior Authorization (PA) request may be submitted for the non-preferred drug when the prescribing clinician is not in agreement with transition to the preferred drug. Contractors shall issue a NOA in accordance with ACOM Policy 414 for Service Authorizations when a PA request is denied or a previously approved authorization is terminated, suspended, or reduced.

2. Grandfathering of Non-preferred Drugs

Grandfathering of non-preferred drugs refers to the continued authorization of non-preferred drugs for members who are currently utilizing non-preferred drugs without having completed step therapy of the preferred drug(s) on the AHCCCS Drug Lists, as appropriate.

The AHCCCS P&T Committee shall make recommendations to AHCCCS on the grandfathering status of each non-preferred drug for each therapeutic class reviewed by the committee. AHCCCS shall communicate to Contractors the non-preferred drugs that have been approved for grandfathering. Contractors are required to grandfather members on these medications.

3. Prior Authorization

The AHCCCS Drug Lists specify which medications require PA prior to dispensing the medication.

Contractors may establish PA criteria based on clinical appropriateness, scientific evidence, and standards of practice that include, but are not limited, to all of the following:

- a. Food and Drug Administration (FDA) approved indications and limits,
- b. Published practice guidelines and treatment protocols,
- c. Comparative data evaluating the efficacy, type and frequency of side effects and potential drug interactions among alternative products as well as the risks, benefits and potential member outcomes,
- d. Drug Facts and Comparisons,
- e. American Hospital Formulary Service Drug Information,
- f. United States Pharmacopeia – Drug Information,
- g. DRUGDEX Information System,
- h. UpToDate,
- i. MicroMedex,
- j. Peer-reviewed medical literature, including randomized clinical trials, outcomes, research data and pharmaco-economic studies, and
- k. Other drug reference resources

All federally and state reimbursable drugs that are not listed on the AHCCCS Drug Lists or Contractors' drug lists must be available through the PA process.

A federally and state reimbursable medication shall not be denied solely due to the lack of a FDA indication. Off-Label prescribing may be clinically appropriate as outlined and evidenced by a. through k. above.

Contractors are prohibited from adding PA and/or step therapy requirements to medications listed on the AHCCCS Drug Lists when the list does not specify these requirements.

In addition, medications that are non-preferred drugs and not listed on the AHCCCS Drug Lists, Contractors shall evaluate the submitted PA request on an individual basis.

The RBHA Contractors and the AHCCCS Administration shall cover medically necessary federally and state reimbursable behavioral health medications for persons who are Title XIX, Title XXI, and for persons who are SMI, regardless of whether or not they are eligible for Title XIX or Title XXI. It is not a basis to deny coverage of a medically necessary medication when the member's insurer, other than Medicare Part D, refuses to approve the request or appeal for a medication listed on the AHCCCS Behavioral Drug List.

4. Requests for Changes to the AHCCCS Drug

Requests for medication additions, deletions or other changes to the AHCCCS Drug Lists shall be reviewed by the AHCCCS P&T Committee. Requests must be submitted no later than 60 days prior to the AHCCCS P&T Meeting to the AHCCCS Pharmacy Department email at: AHCCCSPharmacyDept@azahcccs.gov

The request must include all of the following information:

- a. Name of medication requested (brand name and generic name),
- b. Dosage forms, strengths and corresponding costs of the medication requested,
- c. Average daily dosage,
- d. FDA indication and accepted off – label use,
- e. Advantages or disadvantages of the medication over currently available products on the AHCCCS Drug Lists,
- f. Adverse Drug Events reported with the medication,
- g. Specific monitoring requirements and costs associated with these requirements, and
- h. A clinical summary for the addition, deletion or change request.

5. Quantity Limits / Step Therapy

Step Therapy programs apply coverage rules at the point of service when a claim is adjudicated that typically require the use of a more cost effective drug that is safe and effective to be used prior to approval of a more costly medication.

For all preferred drugs specified on the AHCCCS Drug Lists, Contractors must adopt the quantity limits and step therapy requirements exactly as they are presented on the AHCCCS Drug Lists. For therapeutic classes where there are no preferred drugs identified on the AHCCCS Drug Lists, Contractors may develop step therapy requirements.

Contractors are not required to provide a NOA when the prescribing clinician is in agreement with the change to the first-line drug. A PA may be submitted for the second-line drug when the prescribing clinician is not in agreement with the transition request to the first-line drug. Contractors shall issue a NOA in accordance with ACOM Policy 414 for Service Authorizations when a PA request is denied, or a previously approved authorization is terminated, suspended or reduced.

B. GENERIC AND BIOSIMILAR DRUG SUBSTITUTIONS

1. Contractors must utilize a mandatory generic drug substitution policy that requires the use of a generic equivalent drug whenever one is available. The exceptions to this requirement are:
 - a. A brand name drug may be covered when a generic equivalent is available when the Contractor's negotiated rate for the brand name drug is equal to or less than the cost of the generic drug, and
 - b. AHCCCS may require Contractors to provide coverage of a brand name drug when the cost of the generic drug has an overall negative financial impact to the State. The overall financial impact to the State includes consideration of the federal and supplemental rebates.
2. Prescribing clinicians must clinically justify the use of a brand-name drug over the use of its generic equivalent through the PA process.
3. Generic and biosimilar substitutions shall adhere to Arizona State Board of Pharmacy rules and regulations.
4. AHCCCS Contractors shall not transition to a biosimilar drug until AHCCCS has determined that the biosimilar drug is overall more cost-effective to the state than the continued use of the brand name drug.

C. ADDITIONAL INFORMATION FOR BEHAVIORAL HEALTH MEDICATION COVERAGE

1. Behavioral Health Medication Coverage for FFS and Acute Care members transitioning to a TRBHA or a RBHA

The AHCCCS Administration and its Contractors shall provide coverage for medically necessary, cost-effective, and federally and state reimbursable behavioral health medications until such time that the member transitions to a TRBHA or a RBHA Contractor. The AHCCCS Contractors, the TRBHAs and RBHAs are responsible for coordinating care to ensure that the member's behavioral health medications are continued during this transition.

2. Behavioral Health Medications Prescribed by the PCP for the Treatment of Anxiety, Depression, and Attention Deficit Hyperactivity Disorder (ADHD), and/or Opioid Use Disorder (OUD).

The AHCCCS Administration and its Contractors shall provide coverage for medically necessary, cost-effective, and federally and state reimbursable behavioral health medications prescribed by a PCP when used to treat anxiety, depression (including postpartum depression), ADHD, and/or OUD. This includes the monitoring and adjustments of behavioral health medications.

3. Behavioral Health Medication Coverage for AHCCCS members transitioning from a Behavioral Health Medical Professional (BHMP) to a PCP.

Members diagnosed with anxiety, depression, ADHD, and/or OUD transitioning, from a BHMP to a PCP for their behavioral health medication management for these conditions, shall be continued on the medication(s) prescribed by the BHMP until they can transition to their PCP. The Contractors must coordinate the care and ensure that the member has a sufficient supply of behavioral health medications to last through the date of the member's first appointment with their PCP. Members receiving behavioral health medications from their PCP may simultaneously receive counseling and other medically necessary services from the TRBHA or RBHA.

4. Behavioral Health Medication Coverage for Members Enrolled in CMDP, CRS and ALTCS Programs

CMDP and DDD members who are not receiving any CRS services shall receive behavioral health services and medications through the RBHAs or the AHCCCS Administration. CMDP and DDD members receiving CRS services shall receive behavioral health services and medications through the AHCCCS CRS Contractor. ALTCS E/PD members shall receive behavioral health services and medications through their ALTCS E/PD Contractor.

5. Crisis Drug List

The RBHAs shall coordinate and develop a single Crisis Drug List of medications that are federally and state reimbursable. The RBHAs shall provide coverage of these medications that are prescribed for Non-Title XIX/XXI – Non-SMI individuals that receive crisis services.

Federal and state reimbursable behavioral health medications including those on the AHCCCS Behavioral Health Drug List shall be available when prescribing behavioral health medications for Title XIX/XXI and SMI members requesting crisis services.

The initial prescription shall be written for up to a 7-day supply with one refill if applicable.

The Crisis Drug List shall be submitted annually to the AHCCCS Pharmacy Department for review and approval or when a change is requested.

The RBHAs shall post the Crisis Drug List on their respective websites.

6. Courtesy Dosing of Methadone

A person receiving methadone administration services who is not a recipient of take home medication may receive up to two courtesy doses of methadone from a RBHA when the person is traveling outside of their home RBHA area. All incidents of the provision of courtesy dosing must be reported to the person's home RBHA. The home RBHA must reimburse the other RBHA providing the courtesy doses upon receipt of properly submitted bills or encounters.

D. OVER-THE-COUNTER MEDICATION

Contractors may cover an over-the-counter medication under the pharmacy benefit when it is prescribed in place of a covered prescription medication that is clinically appropriate, equally safe and effective, and more cost effective than the covered prescription medication.

E. PRESCRIPTION DRUG COVERAGE LIMITATIONS

1. A new prescription or refill prescription in excess of a 30-day supply or a 100-unit dose is not covered unless:
 - a. The medication is prescribed for chronic illness and the prescription is limited to no more than a 100-day supply or 100-unit dose, whichever is greater,
 - b. The member will be out of the provider's service area for an extended period of time and the prescription is limited to the extended time period, not to exceed 100 days or 100-unit dose, whichever is greater, or
 - c. The medication is prescribed for contraception and the prescription is limited to no more than a 100-day supply.
2. Prescription drugs for covered transplantation services will be provided in accordance with AMPM Policy 310-DD.
3. AHCCCS covers the following for persons diagnosed with SMI and AHCCCS members who are eligible to receive Medicare:
 - a. Over-the-counter medications that are not covered as part of the Medicare Part D prescription drug program and which meet the requirements in section D of this policy, and
 - b. A drug that is excluded from coverage under Medicare Part D by CMS and the drug is medically necessary and federally reimbursable.

F. PRIOR AUTHORIZATION REQUIREMENTS FOR LONG-ACTING OPIOID MEDICATIONS

PA is required for all long-acting opioid prescription medications unless the member's diagnosis is one the following:

- a. Active oncology diagnosis with neoplasm related pain,
- b. Hospice care, or
- c. End of life care (other than hospice).

The prescriber shall obtain approval or an exception for all long-acting opioid prescription medications from the Contractor, Contractor's Pharmacy Benefit Management (PBM) or the AHCCCS Administration's PBM, as applicable.

G. 5-DAY SUPPLY LIMIT OF PRESCRIPTION OPIOID MEDICATIONS-CONTRACTOR REQUIREMENTS

The supply timeframes required below are effective January 1, 2018. The exceptions, and processes to obtain an exception, remain the same and are not affected by this Policy.

1. Members under 18 years of age
 - a. Except as otherwise specified in Section G(1)(b), *Conditions and Care Exclusion from the 5-day Supply Limitation*, a prescriber shall limit the **initial and refill** prescriptions for any short-acting opioid medication for a member under 18 years of age to no more than a 5-day supply.

An **initial** prescription for a short-acting opioid medication is one in which the member has not previously filled any prescription for a short-acting opioid medication within 60 days of the date of the pharmacy filling the current prescription as evidenced by the member's PBM prescription profile.

- b. Conditions and Care Exclusion from the 5-day Supply Limitation:
 - i. The **initial and refill** prescription 5-day supply limitation for short-acting opioid medications *does not* apply to prescriptions for the following conditions and care instances:
 - 1) Active oncology diagnosis,
 - 2) Hospice care,
 - 3) End-of-life care (other than hospice),
 - 4) Palliative care,
 - 5) Children on opioid wean at time of hospital discharge,
 - 6) Skilled nursing facility care,
 - 7) Traumatic injury, excluding post-surgical procedures, and
 - 8) Chronic conditions for which the provider has received PA approval through the Contractor.
 - ii. The **initial** prescription 5-day supply limitation for short-acting opioid medications does not apply to prescriptions for post-surgical procedures. However, initial prescriptions for short-acting opioid medications for post-surgical procedures are limited to a supply of no more than 14 days. Refill prescriptions for short-acting opioid medications for post-surgical procedures are limited to no more than a 5-day supply.

For additional information on the exclusions, refer to Attachment B.

For additional information on the traumatic injury ICD-10 codes, refer to Attachment C.

2. Members 18 years of age and older
 - a. Except as otherwise specified in Section G(2)(b), *Conditions and Care Exclusion from the 5-day Supply Limitation*, a prescriber shall limit the **initial** prescription for any short-acting opioid medication for a member 18 years of age and older to no more than a 5-day supply.

An **initial** prescription for a short-acting opioid medication is one in which the member has not previously filled any prescription for a short-acting opioid medication within 60 days of the date of the pharmacy filling the current prescription as evidenced by the member's PBM prescription profile.

- b. *Conditions and Care Exclusion from the 5-day Initial Supply Limitation*. The **initial** prescription 5-day supply limitation for short-acting opioid medications *does not* apply to prescriptions for the following conditions and care instances:
 - i. Active oncology diagnosis,
 - ii. Hospice care,
 - iii. End-of-life care (other than hospice),
 - iv. Palliative care,
 - v. Skilled nursing facility care,
 - vi. Traumatic injury, excluding post-surgical procedures, and
 - vii. Post-surgical procedures.

Initial prescriptions for short-acting opioid medications for post-surgical procedures are limited to a supply of no more than 14 days.

For additional information on the exclusions, refer to Attachment B.

For additional information on the traumatic injury ICD-10 codes, refer to Attachment C.

H. AHCCCS PHARMACY BENEFIT EXCLUSIONS

The following are excluded from the pharmacy benefit:

1. Medication prescribed for the treatment of a sexual or erectile dysfunction, unless:
 - a. The medication is prescribed to treat a condition other than a sexual or erectile dysfunction, and
 - b. The FDA has approved the medication for the specific condition.
2. Medications that are personally dispensed by a physician, dentist or other provider except in geographically remote areas where there is no participating pharmacy or when accessible pharmacies are closed.
3. Drugs classified as Drug Efficacy Study Implementation (DESI) drugs by the FDA.
4. Outpatient medications for members under the Federal Emergency Services Program, except for dialysis related medications for Extended Services individuals.

5. Medical Marijuana (refer to AMPM Policy 320-M).
6. Drugs eligible for coverage under Medicare Part D for AHCCCS members eligible for Medicare whether or not the member obtains Medicare Part D coverage.
7. Pharmacies are prohibited from auto-filling prescription medications.
8. Experimental medications are excluded from coverage.

I. RETURN OF AND CREDIT FOR UNUSED MEDICATIONS

AHCCCS and its Contractors shall require the return of unused medications to the outpatient pharmacy from Nursing Facilities (NFs) upon the discontinuance of prescriptions due to the transfer, discharge or death of a member. A payment/credit reversal shall be issued for unused prescription medications by the outpatient pharmacy to the AHCCCS Administration or the appropriate AHCCCS Contractor. The pharmacy may charge a reasonable restocking fee as agreed upon with the AHCCCS Administration and its Contractors. The return of unused prescription medication shall be in accordance with Federal and State laws. A.A.C. R4-23-409 allows for this type of return and the redistribution of medications under certain circumstances. Documentation must be maintained and must include the quantity of medication dispensed and utilized by the member. A credit must be issued to the AHCCCS Administration, if the member is enrolled in the AIHP, TRBHA, or FFS Program, or to the member's Contractor for members who are not FFS when the unused medication is returned to the pharmacy for redistribution.

J. DISCARDED PHYSICIAN-ADMINISTERED MEDICATIONS

Discarded federally and state reimbursable physician-administered medications shall not be billed to AHCCCS or its Contractors. A.A.C. R9-22-209(C) provides that pharmaceutical services are covered only if they are prescribed. The unused portion of a physician administered drug is not covered because it is not medically necessary or prescribed.

A.R.S. §36-2918(A)(1) prohibits a person from making a claim for an item or service that the person knows or has reason to know was not provided as claimed.

A.R.S. §36-2918(A)(3)(b) prohibits a person from submitting a claim for items and services that substantially exceed the needs of the patient.

K. PRIOR AUTHORIZATION CRITERIA FOR SMOKING CESSATION AIDS

AHCCCS has established prior authorization criteria for smoking cessation aids (refer to AMPM Policy 320-K, Exhibit 320-K-1).

L. PA CRITERIA FOR DIRECT ACTING ANTIVIRAL TREATMENT FOR HEPATITIS C

AHCCCS has established PA criteria for the use of medications for the treatment of Hepatitis C (refer to AMPM Policy 320-N).

M. VACCINES AND EMERGENCY MEDICATIONS ADMINISTERED BY PHARMACISTS TO PERSONS AGE 19 YEARS AND OLDER

AHCCCS covers vaccines and emergency medication without a prescription order when administered by a pharmacist who is currently licensed and certified by the Arizona State Board of Pharmacy consistent with the limitations of this Policy and state law A.R.S. §32-1974.

1. For purposes of this section, “Emergency Medication” means emergency epinephrine and diphenhydramine. “Vaccines” are limited to AHCCCS covered vaccines as noted in the AMPM Policy 310-M Immunizations.
2. The pharmacy providing the vaccine must be an AHCCCS registered provider (see note below regarding Indian Health Services (IHS)/638 outpatient facilities).
3. Contractors retain the discretion to determine the coverage of vaccine administration by pharmacists and coverage is limited to the Contractor’s network pharmacies.
4. IHS and 638 facilities may bill the outpatient all-inclusive rate for pharmacist vaccine administration of adult vaccines as noted above.

N. 340B COVERED ENTITIES AND CLAIM SUBMISSION

A.R.S. §36-2930.03. requires:

1. 340B covered entities to submit AHCCCS Member point-of-sale prescription and physician-administered drug claims, that are identified on the 340B pricing file, whether or not the drugs are purchased under the 340B drug pricing program at the lesser of:
 - a. The actual acquisition cost, or
 - b. The 340B ceiling price.
2. Drugs dispensed to AHCCCS members by a 340B covered entity pharmacy shall be reimbursed a professional fee.
3. Drugs administered to AHCCCS members by a 340B covered entity provider shall not be reimbursed a professional fee.
4. The administration and its contractors shall not reimburse 340B Contracted Pharmacies for drugs that are purchased, dispensed or administered as part of or subject to the 340B drug pricing program.

Licensed hospitals and outpatient facilities that are owned or operated by a licensed hospital are excluded from this statute.

For additional details on claim submission and reimbursement refer to A.R.S. §36-2930.03

A.A.C. R-9-22-710(C) describes the reimbursement methodology to be used by AHCCCS and its Contractors for Federally Qualified Health Center (FQHC) and FQHC Look-Alike Pharmacies for 340B drugs as well as reimbursement for Contract Pharmacies that have entered into a 340B drug purchasing arrangement with any 340B entity. The Rule also specifies reimbursement for FQHC and FQHC Look-Alike Pharmacies for drugs, which are not part of the 340B Drug Pricing program. The rule is located on the A.A.C. R9-22-709.

O. PHARMACEUTICAL REBATES

The Contractor, including the Contractor's PBM, is prohibited from negotiating any rebates with drug manufacturers for preferred or other pharmaceutical products when AHCCCS has a supplemental rebate contract for the product(s). A listing of products covered under supplemental rebate agreements will be available on the AHCCCS website under the Pharmacy Information section. If the Contractor or its PBM has an existing rebate agreement with a manufacturer, all outpatient drug claims, including provider-administered drugs for which AHCCCS is obtaining supplemental rebates, must be exempt from such rebate agreements.

P. INFORMED CONSENT

Informed consent must be obtained from the member/guardian/designated representative for each psychotropic medication prescribed. The comprehensive clinical record must include documentation of the essential elements for obtaining informed consent. Essential elements for obtaining informed consent for medication are contained within Attachment A. The use of Attachment A is recommended as a tool to document informed consent for psychotropic medications. Additional information is contained in AMPM Policy 320-Q.

Q. YOUTH ASSENT

Youth and Psychotropic Medications

Youth under the age of 18 are to be educated on options, allowed to provide input, and encouraged to assent to medication(s) being prescribed. Information is discussed with the youth in a clear and age-appropriate manner consistent with the developmental needs of the youth.

The information to be shared shall be consistent with the information shared in obtaining informed consent from adults.

Discussion of the youth's ability to give consent for medications at the age of 18 years old is begun no later than age 17½ years old, especially for youth who are not in the custody of their parents.

Special attention shall be given to the effect of medications on the reproductive status and pregnancy, as well as long term effects on weight, abnormal involuntary movements and other health parameters.

Evidence of the youth's consent to continue medications after his/her 18th birthday may be documented through use of Attachment A.

R. COMPLEMENTARY AND ALTERNATIVE MEDICINE

Complementary and Alternative Medicine is not AHCCCS reimbursable.