



*Building stronger communities, person by person*

# LifePath Systems Medication and Laboratory Formulary

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## INTRODUCTION TO LIFEPath SYSTEMS FORMULARY

### *Collin County Pharmacy Options and Medication Benefits*

Clients for whom LifePath Systems will be paying their pharmacy costs will get their medications filled through our pharmacy benefits manager (PBM) Integrated Prescription Management (IPM). Prescribers will send prescriptions with a max of 2 refills to IPM via e-script or fax. IPM will mail the medications, one month's worth at a time, to the client's primary clinic. Staff at the clinic will be responsible to distribute the medications to the client each month. Clients will be responsible to call the clinic with 5 business days notice to request their refills, at which time clinic staff will order the refill to be shipped from IPM. IPM will only ship one month at a time without prior authorization. Shipments are set to arrive at the clinics within 2-3 business days of receipt of the order.

### *Contact Information*

For inquiries regarding the LifePath Systems Medication Formulary  
For Collin County please email:

[bhmedunitsupervisorystaff@lifepathsystems.org](mailto:bhmedunitsupervisorystaff@lifepathsystems.org)

OR call

972-422-5939 and request to speak with the Nursing Manager

## **PAP Medications**

In addition to PAP enrollment for indigent clients being a state requirement, LifePath requires the utilization of PAP in the following format as a way of being responsible with our resources. This allows us to stretch our dollars and provide as many services and benefits to our clients as possible. For this reason, PAP eligible medications are listed on the formulary in their own tier.

***PAP eligible prescriptions will not be authorized for fill by IPM.*** If a client is already established on a PAP medication, one fill while waiting for PAP to process and approve may be granted. If requesting the medication prior to approval/denial from the pharmaceutical company a prior authorization **MUST** be requested from LifePath. **PAP medications will not be authorized for**

**NEW starts on PAP medication.** If the prescriber feels that waiting to start the PAP medication will lead to serious de-compensation for the client, the prescriber may apply for Prior Authorization. With discretion, and based on availability and stock, LifePath may authorize the start of a PAP medication prior to receiving approval from the pharmaceutical company. Authorization will be limited by stock on hand, use and forecasting. Plans for an interim alternative medication should be considered by the prescriber.

### ***PAP medication – software***

LifePath Systems utilizes Med Data, a software program that assists clinics in applying for PAP medications for their patients. Each client, at intake will have their demographics, and financial information uploaded so that when a prescriber orders a PAP eligible medication an application can be easily obtained and the client should sign the application prior to leaving the clinic that day. If additional financial documentation is required from the client they can be notified at the time of service and instructed to bring it back to the clinic to get their medication in process.

**\*\*PAP Medications received by the clinic that are not pre- labeled for a specific client are to be boxed and sent to IPM for dispensing.**

# CURRENT LIST OF PAP AVAILABLE MEDICATIONS

(As of 04/18/2018)

## PSYCHOTROPIC AGENTS (pg 3)

Rozerem  
Belsomra

## ANTIDEPRESSANTS (pg14)

Duloxetine (Cymbalta) - **LILY**  
Desvenlafaxine (Pristiq) - **Pfizer**  
Fluoxetine (Prozac) – **Lilly**  
Levomilnacipran (Fetzima) – **Allergan**  
Vilazodone (Viibryd) - **Allergan**  
Vortioxetine (Trintellix) – **Takeda**

## ANTIPSYCHOTICS (pg 16)

Aripiprazole lauroxil (Aristada)- **Assure**  
Aripiprazole (Abilify, Abilify discmelt, Abilify Maintena,) – **Otsuka**  
Asenapine (Saphris)- **Allergan**  
Brexipiprazole (Rexulti)- **Otsuka**  
Cariprazine (Vraylar) - **Allergan**  
Haloperidol (Haldol) tablet; injection as decanoate or lactate- **Johnson & Johnson**  
Iloperidone (Fanapt)- **Vanda**  
Lurasidone (Latuda)- **Sunovion**  
Olanzapine (Zyprexa, Zyprexa Zydis, Zyprexa Relprevv- **LILY**  
Pimozide (Orap)- Teva  
Paliperidone (Invega, Invega Sustenna, Invega Trinza)- **Johnson & Johnson**  
Risperidone Inj (Risperdal Consta) - **Allergan**  
Seroquel XR (Quetiapine XR) – **Astra Zeneca**

## MOOD STABILIZERS (pg 17)

Carbamazepine (Tegretol)- **Novartis**  
Oxcarbazepine (Trileptal)- **Novartis**

## SUBSTANCE ABUSE Antidotes – Deterrents- Poison Control Agents (pg 18)

Chantix – **Pfizer**  
Nicotine (Nicotrol NS or Inhaler) **Pfizer**  
Naltrexone (Vivitrol) - **Alkermes**

## CHEMICAL DEPENDENCY ADJUNCTS (pg 18)

Naltrexone (Vivitrol) - **Alkermes**

## STIMULANTS (pg 19)

Dexamethylphenidate hydrochloride (Focalin XR) CII- **Novartis**  
Lisdexamfetamine dimesylate (Vyvanse) CII- **Shire Cares**

## NON- STIMULANT ADHD AGENTS (pg 19)

Atomoxetine (Strattera)- **LILY**  
Guanfacine (Intuniv ER)- **Shire Cares**

## ANTICONVULSANTS (pg 20)

Carbamazepine (Tegretol)- **Novartis**  
Oxcarbamazepine (Trileptal)- **Novartis**

## ANTI –PARKINSON AGENTS (pg 20)

Amantadine ER (Gocoveri) – **TAJ**

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## Emergency Medications

### *Hospital Discharge Medications (Bridge script)*

Upon discharge clients from hospitals contracted with LifePath Systems, the Collin County Jail and the Crisis Center are all given 14 day prescriptions fill able at one of the following network pharmacies only.

### *Discharge Script PHARMACIES (by location)*

#### **Plano North:**

Spring Creek Pharmacy  
280 Legacy Dr. #102  
Plano Tx 75023  
**(972)517-7900**

Walgreens  
901 Legacy Dr.  
Plano TX 75025  
**(972)517-9744**

#### **Plano South:**

The Pharmacy Place  
4031 W. Plano Pkwy St 211  
Plano TX 75093  
**(972)867-6141**

Kroger Pharmacy  
2925 Custer Rd.  
Plano TX 75075  
**(972) 612-1864**

#### **McKinney:**

McKinney Pharmacy  
1601 W. University  
McKinney TX 75069  
**(972)542-4481**

Walgreens  
1651 W. University  
McKinney, TX 75069  
**(972)548-1662**

## Early Refill or Greater Than 31 Day Supply

An early refill is considered any refill request prior to 75% of the previous prescriptions expected use. (Typically a refill with more than one week until it is due.) Clients are encouraged to call the clinic to request refill a minimum of 5 days before they will run out of their medication. LifePath typically approves prescription refills on a 31 day basis. If a patient needs early refill or has reason to request more than a 31 day supply a **pre-authorization** will be required and then an authorization may be granted. Authorization will be limited to the exact supply that is required to last the client 3 business days after the client's next appointment with their prescriber, allowing them enough time to receive any medications or refills written at the time of their appointment

\*\* Some medications do have a quantity limit which coincides with the FDA maximum dosage recommendations. This will limit the pharmacy from filling prescriptions that are over the FDA limit to dispense.

The Prior Authorization form can be found on the Provider Portal of the LifePath Systems Website at: [www.lifepathsystems.com](http://www.lifepathsystems.com) → Behavioral Health tab → Provider resources.

## Formulary Restrictions

### *Stimulants*

LifePath does not authorize C-II stimulants to be prescribed for adults past the age of 18 years old. The only exception to this rule **may** be authorized if a 17 year old turns 18 while having been established on stimulant medication for a significant amount of time. The authorization may not continue past 19 years old, and when applying for **prior authorization**, the prescriber will have to demonstrate the plan for tapering the patient down prior to their 19<sup>th</sup> birthday.

Exceptions to this Rule:

1. Clients between the ages of 18 and 25 who remain in school. These clients need to demonstrate proof of enrollment and it is at the prescriber's discretion whether the stimulant remains indicated.
2. At the discretion of the prescriber, individuals who remain enrolled in school may be issued stimulants, at their expense. These clients will need to demonstrate proof of enrollment.

### *Controlled medications*

LifePath does not authorize controlled prescriptions such as benzodiazepines, Ambien, Lunesta, Provigil, Nuvigil, etc. **To obtain one of these medications for a client, the prescriber must submit a Controlled Substances Prior Authorization request, results from a UDS, and routine UDS as directed if Prior Authorization is granted.** Note the prior auth form is different from the standard form for controlled medications.

### *Generic*

LifePath applies **Mandatory** restriction for any medication with a generic equivalent available. Except in the case of a pre-authorized, justifiable, medical necessity, all prescriptions will be filled with the generic equivalent. Any deviation requires prior authorization.

All medications not specifically noted in this formulary tier schedule are to be considered *Tier three medications*. LifePath Systems Medical Director or their designee **MUST** be consulted prior to the prescription of any tier three medications. In the event of an emergency, approval **MUST** be obtained within two (2) business days after prescribing.

## **SPECIFIC formulary restrictions**

The following chart details several medications that were shown to be substantially more cost effective when prescribed in a specific way, rather than in the way the prescriber might think to write the prescription. If you do not remember to prescribe in this way, we have given IPM advanced authorization to change the pill count or strength to accommodate these restrictions – while maintaining the dose that you wrote for.

### *Formulary restrictions*

<b>Medication restriction</b>	<b>Write this way instead:</b>
<b>Buspirone HCl Tab 30mg</b>	<b>Use two 15mg tablets</b>
<b>Buspirone HCl Tab 5 mg</b>	<b>Use ½ of a 10mg tablet</b>
<b>Citalopram HBr Tab 10mg</b>	<b>Use half of a 20mg tablet</b>
<b>Depakote DR 500 mg</b>	<b>Use two 250mg tablets</b>
<b>Doxepin 25mg</b>	<b>Limited to one capsule/day</b>
<b>Doxepin 50mg</b>	<b>Limited to one capsule/ day</b>
<b>Doxepin 75mg</b>	<b>Limited to one capsule / day</b>
<b>Escitalopram Oxalate Tab 10mg</b>	<b>Use half of a 20mg tablet</b>
<b>Escitalopram Oxalate Tab 5 mg</b>	<b>Use half of a 10mg tablet</b>
<b>Gabapentin 600 mg</b>	<b>Use two 300mg</b>
<b>Gabapentin 800 mg</b>	<b>Use two 400 mg</b>
<b>Oxcarbazepine 150mg</b>	<b>Use ½ of a 300 mg tablet</b>
<b>Trazodone HCl tab 300mg</b>	<b>Use two 150mg tablets</b>



## **Prior Authorization**

LifePath Systems requires a prior authorization for any TIER 3 medication, early refill, greater than 31 day supply, or any other deviation from the formulary before the pharmacy will fill the prescription. If the prescription does not get prior authorization, the prescription will reject at the pharmacy. Any un-authorized prescription will not be paid for by LifePath.

### *Pathway to Authorization*

In order for a TIER 3 medication, a non formulary medication, a maximum dosage to be waived, a quantity limit to be overridden, or any other deviation from this document, a prescriber must follow the Prior Authorization Process.

3. A Prior Authorization request must be sent to LifePath Systems by the prescriber or their designee, with signature from the prescriber. The Prior Authorization form can be found on Life Path's website under the Provider Portal at: [www.lifepathsystems.com](http://www.lifepathsystems.com) Prescribers will email their request to [bhmedunitsupervisorystaff@lifepathsystems.org](mailto:bhmedunitsupervisorystaff@lifepathsystems.org) Fill the form out in its entirety to avoid delays in receiving your authorization/declination.
4. The Lifepath designated physician will review the request and make the determination to authorize or decline.
5. If the first attempt for authorization is declined, the prescribing physician may request one additional review which will require supporting documentation or possibly a phone review with the LifePath Physician. The LifePath Physician may choose to overturn the original decision. If authorization is denied a second time, the Medical Director or their designee will review the request before the formal denial will be issued.
6. Once received, it is Life Path's goal to have the initial determination within two business days. If additional authorization steps are requested by the prescriber, estimate one to two additional days per step. If the process has exceeded this expected timeframe the provider may call the Nursing Manager at: 972-422-5939 for clarification.



Medication PRIOR AUTHORIZATION Request Form
Submit to: bhmedunitsupervisorystaff@lifepathsystems.org

Consumer's Name: (First, Middle Initial, Last) \_\_\_\_\_

Member's LifePath SystemsID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician (Full Name): \_\_\_\_\_ Contact Person: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Medication Requested: \_\_\_\_\_ Medication Strength: \_\_\_\_\_
# Tabs per day/Frequency \_\_\_\_\_ Medication Allergies: \_\_\_\_\_
Request for Dosage Override \_\_\_ No \_\_\_ Yes If Yes, Dose Requesting: \_\_\_\_\_
Diagnosis treating with this Medication: \_\_\_\_\_
Has the member been on this medication previously? \_\_\_ No \_\_\_ Yes If yes for how long: \_\_\_\_\_
If the member is currently taking this medication, identify the setting the member was stabilized in on this medication: \_\_\_ State Hospital \_\_\_ Community Hospital \_\_\_ Outpatient Setting \_\_\_ Other: \_\_\_\_\_

Previous Medication History:

Table with 3 columns: Drug/dose/frequency, Dates of therapy, Reason for Discontinuing. Two rows of data.

Rationale for the request: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

To be completed by LPS Medical Director
\_\_\_ DENIED: Comments: \_\_\_\_\_
\_\_\_ APPROVED: From: \_\_\_\_\_ To: \_\_\_\_\_
Additional Comments: \_\_\_\_\_
Medical Director's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
IPM Over-ride notification Completed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Integrity, Analysis, and Audits

### *Pharmacy review committee*

LifePath Systems Pharmacy Review Committee meets Quarterly to review the formulary, review any new medications available on the market, and perform data analysis of prescriber's prescription practices. The committee is comprised of LifePath's Medical Director, Medical Staff, Utilization Management and Quality Assurance personnel.

### *Prescribing analysis*

LifePath will perform a prescribing analysis for each contracted provider and prescriber which includes at a minimum; prescribing patterns, cost analysis, benzodiazepine analysis, C-II analysis and so forth. Analysis will be evaluated at a minimum quarterly and more often as deemed necessary.

### *Audits*

LifePath trusts that TIER 2 medications are being prescribed because they are the necessary and appropriate medication for the patient. It is up to each prescriber to make sure that the documentation supports the need for a TIER 2 medication. LifePath reserves the right to request that documentation, or perform an audit to determine that prescribers are diligent to use TIER 1 medications any time a TIER 1 is an appropriate course of treatment for the patient.

\*For inquiries regarding the LifePath Systems Medication Formulary for Collin County please email [lmiller@lifepathsystems.org](mailto:lmiller@lifepathsystems.org) or call 972-422-5939 and request to speak with the Nursing Manager.

## Tier System

Life Path Utilizes a *three tier* system to help prescribers determine if Authorization will be required for the medications they are prescribing.

### Tier one

Require **No Prior Authorization.**

### Tier two

Require a **Trial of Tier 1 medications first and Documentation of the rationale** for their use of tier two in lieu of a tier one medication.

### Tier three

Require **PRIOR Authorization** to be paid for under this formulary. Clients starting a new medication that is offered via the Patient Assistance Program (PAP) must apply for the medication and be accepted into the PAP program they've applied for to receive authorization for PAP eligible medications.

### PAP Tier

These medications **require PAP application.** See PAP medications on page 4 & 5 for further explanation.

### Generics (Mandatory)

LifePath Systems lists name brand medications as a reference tool. Whenever available, the generic alternative will be automatically applied to any prescription written for a brand name. If Brand name is required for Medical necessity, a prior authorization with adequate physiological/medical justification will be required.

## PSYCHOTROPIC AGENTS

### Benzodiazepine Anxiolytics and Hypnotics

TIER ONE	TIER TWO	TIER THREE
No Authorization required	Trial of Tier 1 medication first, failing which Documentation justifying choice of medication	Requires Pre-authorization
Neurontin (Gabapentin)		Alprazolam (Xanax) Alprazolam (Xanax XR) Ambien Clonazepam (Klonopin) tab Chlordiazepoxide (Librium)tab Diazepam (Valium) tab Lorazepam (Ativan) tab Lunesta Nuvigil Provigil Temazepam (Restoril) Trazolam (Halcion) Aptiom (eslicarbazepine)

### Other Anxiolytics and Hypnotics

TIER ONE	TIER TWO	TIER THREE
No Authorization required	Trial of Tier 1 Medication first, failing which Documentation	Requires Prior authorization by Medical Director
Buspirone (BuSpar) Diphenhydramine (Benadryl) Hydroxyzine pamoate (Vistaril) Trazodone (Desyrel) Doxepin (Sinequan)	NONE	Zaleplon (Sonata) Zolpidem (Ambien)
<b>PAP (Prescription Assistance Program) REQUIRED</b>		
PAP medications are <u>not</u> paid for by LPS Client MUST apply for PAP. See PAP discussion for more details.		
Rozerem PAP Belsomra PAP		

## ANTIDEPRESSANTS

### Monoamine Oxidase Inhibitors(MAOI's)

TIER ONE	TIER TWO	TIER THREE
No Authorization required	Trial of Tier 1 med first failing which Documentation justifying choice of	Requires Pre-authorization
<b>NONE</b>	<b>Tranylcypromine (Parnate)</b>	<b>NONE</b>

### Serotonin Selective Reuptake Inhibitors (SSRIs) &SNRIs

TIER ONE	TIER TWO	TIER THREE
No Authorization required	Trial of Tier 1 meds first then documentation justifying Tier 2	Requires Pre-authorization
<b>Citalopram (Celexa) tablet</b> <b>Escitalopram (Lexapro)tablet</b> <b>Fluvoxamine (Luvox)</b> <b>Fluoxetine (Prozac) Capsule</b> <b>Paroxetine (Paxil) tablet</b> <b>Sertraline (Zoloft) tablet</b> <b>Fluoxetine (Prozac)Cap/Liq. PAP</b> <b>Venlafaxine XR (Effexor XR)</b>	<b>Paroxetine (Paxil CR)</b> controlled release	<b>Citalopram (Celexa)Solution</b> <b>Escitalopram (Lexapro) - Solution</b> <b>Paroxetine (Paxil) suspension</b> <b>Sertraline (Zoloft) concentrate</b>

### Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)

PAP (Prescription Assistance Program) REQUIRED	
PAP medications are <u>not paid for by LPS</u> Client MUST apply for PAP. See PAP discussion for more details.	
<b>Duloxetine (Cymbalta) PAP</b> <b>Desvenlafaxine (Pristiq)PAP</b> <b>Vortioxetine (Trintellix)PAP</b>	<b>Levomilnacipran (Fetzima) PAP</b>

## ANTIDEPRESSANTS (continued)

### Tricyclic Agents

TIER ONE (1):	TIER TWO	TIER THREE
No Authorization required	Trial of Tier 1 medications first. Documentation justifying Tier 2	Requires Pre-authorization
Amitriptyline (Elavil) Doxepin (Sinequan) Imipramine (Tofranil) Nortriptyline (Aventil, Pamelor) capsule	Clomipramine (Anafranil) Desipramine (Norpramin)	Nortriptyline (Aventil, Pamelor) Solution

### Miscellaneous Antidepressant Agents

TIER ONE (1):
No Authorization required
Bupropion (Budeprion, Wellbutrin SR, Wellbutrin) Mirtazapine (Remeron) Trazodone (Desyrel)

TIER TWO (2):
Trial of Tier 1 medications first. Documentation justifying choice of Tier 2 medication.
Bupropion XL ( Wellbutrin XL,)

## ANTIPSYCHOTICS

### TIER ONE (1):

No Authorization required

Haloperidol (Haldol) Tablet  
 Loxapine (Loxitane) capsule  
 Perphenazine (Trilafon)  
 Quetiapine (Seroquel NOT XR)  
 Risperdal (Risperidone)  
 Thiothixene (Navane)

### TIER TWO (2):

Trial of Tier 1 Meds first. Documentation justifying Tier 2 medication required.

Ziprasidone (Geodon)  
 Clozapine (Clozaril)

### TIER THREE (3):

Prior Authorization required

Invega (Paliperidone)  
 Trifluoperazine (Stelazine)  
 Fluphenazine (Prolixin) tablet; deaconate, concentrate  
 Chlorpromazine (Thorazine)  
**\*\*\*ANY COMBINATION OF TWO OR MORE ANTIPSYCHOTICS REQUIRES PA\*\*\***

### PAP (Prescription Assistance Program) REQUIRED

PAP medications are not paid for by LPS Client MUST apply for PAP. See PAP discussion for more details.

Aripiprazole lauroxil (Aristada) PAP  
 Aripiprazole (Abilify, Abilify discmelt, Abilify Maintena,) PAP  
 Asenapine (Saphris)PAP  
 Haloperidol (Haldol) injection as decanoate or lactate PAP  
 Iloperidone (Fanapt)PAP  
 Lurasidone (Latuda)PAP  
 Olanzapine (Zyprexa, Zyprexa Zydis, Zyprexa Relprevv)PAP  
 Paliperidone (Invega Sustenna, Invega Trinza)PAP  
 Seroquel XR (Quetiapine XR) PAP



## MOOD STABILIZERS

TIER ONE (1):	TIER THREE (3)
No Authorization required	Requires Prior Authorization by Medical Director.
<b>Lamotrigine</b> <b>Depakote DR</b> <b>Lithium Carbonate (Eskalith, Lithonate)</b> <b>Lithium Citrate syrup</b> <b>Lithium Carbonate ER</b> <b>Valproic Acid Tablets</b>	<b>Divalproex (Depakote ER, Capsules, Sprinkles) (All Depakote ER scripts <u>without prior authorization will be auto-substituted to DR</u>)</b>
<b>PAP (Prescription Assistance Program) REQUIRED</b>	
PAP medications are <u>not paid for by LPS</u> Client MUST apply for PAP. See PAP discussion for more details.	
<b>Carbamazepine (Tegretol)PAP</b> <b>Oxcarbazepine (Trileptal)PAP *As</b> *As of 12/04/2018, Those clients currently receiving Oxcarbazepine, Oxcarbazepine will be continued for up to, but no longer than 60 days to allow processing of PAP application.	

## SUBSTANCE ABUSE

### ANTIDOTES – DETERRENTS – POISON CONTROL AGENTS

TIER ONE	TIER TWO	TIER THREE
No Authorization required	Trial of Tier 1 medications first. Documentation justifying Tier 2	Requires Pre-authorization
Disulfuram (Antabuse) Naloxone (Narcan)	NONE	NONE
<b>PAP (Prescription Assistance Program) REQUIRED</b>		
PAP medications are <u>not paid for by LPS Client</u> MUST apply for PAP. See PAP discussion for more details.		
<b>Chantix</b> PAP <b>Nicotine (Nicotrol)</b> PAP <b>Naltrexone (Vivitrol)</b> PAP		

## CHEMICAL DEPENDENCY ADJUNCTS

TIER ONE (1):	TIER TWO (2):
No Authorization required	Documentation justifying choice of medication required (open to audit)
Disulfuram (Antabuse) Naltrexone (Trexan, Revia) tablets	<b>Acamprosate (Campral)</b>

<b>PAP (Prescription Assistance Program) REQUIRED</b>
PAP medications are <u>not paid for by LPS Client</u> MUST apply for PAP. See PAP discussion for more details.
<b>Naltrexone (Vivitrol)</b> PAP

## STIMULANTS

Children prior to the age of 18. After 18 years of age, PA is required and taper plan in place.

### TIER ONE (1):

No Authorization required

**Amphetamine Mixture (Adderall) CII – tablet only**

**Dextroamphetamine (Dexedrine, Dextrostat) CII tablet only**

**Methylphenidate immediate release (Ritalin, Methylin, Metadate) CII**

### TIER TWO (2):

Trial of Tier 1 meds first. Documentation justifying Tier 2 medication required.

**Amphetamine Mixture (Adderall XR) CII – Capsule**

**Dextroamphetamine (Dexedrine CR, Dextrostat CR) CII capsule**

**Methylphenidate sustained release (Ritalin SR, Metadate CD, Concerta) CII**

### PAP (Prescription Assistance Program) REQUIRED

PAP medications are not paid for by LPS Client MUST apply for PAP. See PAP discussion for more details.

**Lisdexamfetamine dimesylate (Vyvanse) CII** PAP

**Dexamethylphenidate Hydrochloride (Focalin XR)** PAP

## NON-STIMULANT ADHD AGENTS

TIER ONE	TIER TWO	TIER THREE
No Authorization required	Trial of Tier 1 meds first. Documentation justifying Tier 2	Requires Pre-authorization
<b>Clonidine (Catapres) tablet</b>	<b>NONE</b>	<b>Clonidine (Catapres) patch</b> <b>Guanfacine (Tenex) until PAP</b>

### PAP (Prescription Assistance Program) REQUIRED

PAP medications are not paid for by LPS Client MUST apply for PAP. See PAP discussion for more details.

**Atomoxetine (Strattera)** PAP

**Guanfacine (Intuniv)** PAP

## ANTICONVULSANTS

### Benzodiazepines

#### TIER THREE (3):

Prior Authorization required ( Restricted criteria for approval)

Clonazepam (Klonopin) C-IV - tablets

Diazepam (Valium) – C-IV tablets

Lorazepam (Ativan) C-IV tablets

### Miscellaneous Anticonvulsants

#### TIER ONE (1):

No Authorization required

Gabapentin (Neurontin) capsule, tablet

Lamotrigine (Lamictal)

#### PAP (Prescription Assistance Program) REQUIRED

PAP medications are not paid for by LPS Client MUST apply for PAP. See PAP discussion for more details.

Carbamazepine (Tegretol)<sup>PAP</sup>

Oxcarbamazepine (Trileptal)<sup>PAP</sup>

## ANTI-PARKINSON AGENTS

#### TIER ONE (1):

No Authorization required

Benzotropine (Cogentin)

Trihexyphenidyl (Artane)

#### TIER TWO (2):

Documentation justifying choice of medication required  
(open to audit)

Amantadine (Symmetrel)

#### PAP (Prescription Assistance Program) REQUIRED

PAP medications are not paid for by LPS Client MUST apply for PAP. See PAP discussion for more details.

Amantadine ER (Gocoveri)

## ANTI-HISTAMINES

<b>TIER ONE (1):</b>
No Authorization required
Diphenhydramine (Benadryl) Hydroxyzine pamoate (Vistaril)
<b>TIER TWO (3):</b>
Prior Authorization required ( Restricted criteria for approval)
Hydroxyzine (Atarax)

## Beta Andrenergic Blockers

<b>TIER TWO (2):</b>
Documentation justifying choice of medication required (open to audit)
<b>A</b> Propranolol (Inderal)

## Anti-hypertensives

<b>TIER ONE (1):</b>
No Authorization required
Clonidine (Catapres)

## Laboratory Formulary

### **Medication Audit Criteria and Guidelines Purpose of Laboratory Monitoring**

<https://www.dshs.texas.gov/mhprograms/MedAudCriteria.shtm>

This Formulary was developed based on the premise that the laboratory tests needed for prescribing psychotropic medications are apart from the laboratory tests obtained for the evaluation of the patient's general health status. The required laboratory tests listed are specific for risk factors associated with that particular psychotropic medication. The required psychotropic medication laboratory screening does not substitute for a good history and physical and subsequent healthcare screening needed for the provision of good general medical care for the person who has become a psychiatric patient.

The specific laboratory tests required for the use of psychotropic medication can be obtained from other treatment settings provided:

- The laboratory tests were obtained within 90 days prior to initiation of treatment.
- The actual values of the tests are documented in the chart. Other documentation shall include the date the lab work was obtained and the name of the laboratory.
- There are no intervening illnesses within those 90 days which would necessitate repeating the lab work.

The laboratory tests listed in this document are minimum requirements. The clinician is encouraged to obtain any necessary lab work which he/she feels is clinically justified. Documentation is required to show justification.

#### *Laboratory benefits for indigent/uninsured Patients*

LifePath Systems has contracted with Clinical Pathology Laboratories (CPL) to provide laboratory testing and phlebotomy services to Collin County indigent and uninsured patients. Contracted providers may send their patients to a CPL Patient Service Center to have their labs drawn or provide urine specimens. LifePath Systems prescribers will send their patients to the in-house phlebotomy draw station. Specimens will be processed by CPL Laboratories and the results sent to the respective provider clinics.

#### *Responsibility of Providers*

*It is important that lab slips contain a diagnosis code, correct demographics and accurate insurance information. LifePath will ONLY pay for approved lab test on indigent/uninsured clients.*

#### *Critical & Alert Values*

*ALERT VALUES:* Any Result that is flagged as an alert value will be called in to the prescriber/prescribers facility by the next business day.

*CRITICAL VALUES:* Any result that is flagged as a critical value will be called immediately upon confirmation to the appropriate individual or facility by laboratory personnel.

## Formulary Labs

### *Ordering Labs*

LifePath and CPL Pre-Printed Lab slips will be made available to all contracted providers to send with their client to a Patient Service Center. Diagnosis code, demographics and ANY insurance must be listed. LifePath will only pay for those patients with no insurance.

### **TIERS**

**TIER 1 Labs** are authorized with proper supportive documentation

**TIER 2 Labs** are authorized with documentation explaining the choice over the TIER one alternative. (This is open to audit)

**TIER 3 Labs** require Prior Authorization

**\*\*Any Labs not listed – are NOT approved\*\***

<b>TIER ONE (1) LABS:</b>	<b>TIER TWO (2) LABS:</b>	<b>TIER THREE LABS (3):</b>
These Labs are authorized, with documentation.	This Lab is authorized with documentation explaining choice	These Labs require Prior Authorization
<b>Basic Metabolic Panel</b> <b>Carbamazepine Level (Tegretol)</b> <b>CBC with auto Diff &amp; ANC</b> <b>Comp Metabolic Panel</b> <b>Urine Drug Abuse Screen</b> <b>Electrolytes Panel</b> <b>Hepatic Function Panel</b> <b>HgBA1C</b> <b>Lipid Panel</b> <b>Lithium Level</b> <b>Magnesium</b> <b>Potassium</b> <b>Prolactin</b> <b>Renal Function Panel</b>	<b>Serum Pregnancy Test</b>	<b>Amitriptyline level</b> <b>Clozapine level</b> <b>Clomipramine &amp; Metabolite</b> <b>Desipramine level</b> <b>Fluoxetine level</b> <b>Imipramine level</b> <b>Nortriptyline level</b> <b>Phenobarbital level</b> <b>Phenytoin (Dilantin) level</b> <b>Sedimentation Rate</b> <b>Trazodone level</b> <b>HLA-A* 3101</b>
<b>RPR Non-Reflex</b> <b>TSH</b> <b>Valproic Acid</b> <b>Urine Pregnancy Test</b>		<b>HLA-B* 1502</b>

Last updated – 08/08/2018