



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

Individuals served 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 the EHR. 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. Individuals served will be responsible to call the clinic with a 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

OR call

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

PAP Medications

In addition to PAP enrollment for indigent Individuals served 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 Individuals served as possible. For this reason, PAP eligible medications are listed on the formulary in their own tier.

PAP eligible medications are dispensed from pharmacy stock and are subject to supply. Every effort is made to establish PAP eligibility within the first 30 days of treatment with a relevant medication.

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. 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

UPDATED 7/06/2020

PSYCHOTROPIC AGENTS (pg 13)

Rozerem
Belsomra

ANTIDEPRESSANTS (pg14)

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

ANTIPSYCHOTICS (pg 16 - 17)

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 Injection (Risperdal Consta) – **Allergan**
Risperidone Injection (Perseris) – **Indivior Inc**

MOOD STABILIZERS (pg 18)

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

SUBSTANCE Abuse “Medications for Co- Occurring Disorders” (pg 19)

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

CHEMICAL DEPENDENCY ADJUNCTS (pg 19)

Naltrexone (Vivitrol) - **Alkermes**

STIMULANTS (pg 20)

Lisdexamfetamine dimesylate (Vyvanse) CII- **Shire Cares**

NON- STIMULANT ADHD AGENTS (pg 20)

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

ANTICONVULSANTS (pg 20)

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

ANTI –PARKINSON AGENTS (pg 21)

Amantadine ER (Gocoveri) – **TAJ**

Emergency Medications

Hospital Discharge Medications (Bridge script)

Upon discharge Individuals served 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.) Individuals served 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.

** 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 → 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 19th birthday.

Exception to this Rule:

1. Individuals served between the ages of 18 and 25 who remain in school. These Individuals served need to demonstrate proof of enrollment and it is at the prescriber's discretion whether the stimulant remains indicated. In this case, the individual served will be issued stimulants, at their expense.

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 authorization 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

Medication restriction	Write this way instead:
Apripiprazole 5mg tab	Use ½ of a 10mg tablet
Apripiprazole 10mg tab	Use ½ of a 20mg tablet
Apripiprazole 15mg tab	Use ½ of a 30mg tablet
Buspirone HCl Tab 30mg	Use two 15mg tablets
Buspirone HCl Tab 5 mg	Use ½ of a 10mg tablet
Citalopram HBr Tab 10mg	Use half of a 20mg tablet
Depakote DR 500 mg	Use two 250mg tablets
Doxepin 25mg	Limited to one capsule/day
Doxepin 50mg	Limited to one capsule/ day
Doxepin 75mg	Limited to one capsule / day
Duloxetine 40mg cap	Use two 20mg Caps
Escitalopram Oxalate Tab 10mg	Use half of a 20mg tablet
Escitalopram Oxalate Tab 5 mg	Use half of a 10mg tablet
Fluoxetine 60mg tab	Use three 20mg
Gabapentin 600 mg	Use two 300mg
Gabapentin 800 mg	Use two 400 mg
Hydroxyzine Pamoate 100mg Cap	Use two 50mg Caps
Olanzapine 5 mg	Use ½ 10 mg
Olanzapine 10 mg	use ½ 20 mg
Oxcarbazepine 150mg	Use ½ of a 300 mg tablet
Risperidone 2mg tab	Use ½ of 4 mg tab
Trazodone HCl tab 300mg	Use two 150mg tablets
Venlafaxine ER Tablets	Use capsules
Venlafaxine ER 225mg Tablets	Use one 75mg cap and one 150mg cap

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 over-ridden, or any other deviation from this document, a prescriber must follow the Prior Authorization Process.

2. 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 Prescribers will email their request to bhmedunitsupervisorystaff@lifepathsystems.org Fill the form out in its entirety to avoid delays in receiving your authorization/declination.
3. The Lifepath designated physician will review the request and make the determination to authorize or decline.
4. 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.
5. 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:

Drug/dose/frequency Dates of therapy Reason for Discontinuing

Drug/dose/frequency Dates of therapy Reason for Discontinuing

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 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. Individuals served 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 Specialist work with individuals to establish and maintain their PAP Eligibility.

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.

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
Buspirone (BuSpar) Diphenhydramine (Benadryl) Hydroxyzine pamoate (Vistaril) Trazodone (Desyrel) Doxepin (Sinequan) Gabapentin (Neurontin) Minipress (Prazosin)		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) Zaleplon (Sonata) Zolpidem (Ambien)
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.		
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
NONE	Tranylcypromine (Parnate)	NONE

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

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

PAP (Prescription Assistance Program) REQUIRED

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

Levomilnacipran (Fetzima) PAP
Desvenlafaxine (Pristiq) PAP
Vortioxetine (Trintellix) PAP

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
Mirtazapine (Remeron) Bupropion XL (Wellbutrin XL) Bupropion IR (Wellbutrin IR)

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

ANTIPSYCHOTICS

TIER ONE (1):

No Authorization required

Haloperidol (Haldol)

Loxapine (Loxitane)

Perphenazine (Trilafon)

Quetiapine (Seroquel NOT XR)

Risperidone (Risperdal)

Thiothixene (Navane)

TIER TWO (2):

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

Ziprasidone (Geodon)

Clozapine (Clozaril) (No PAP)

Aripiprazole (Abilify)

Olanzapine (Zyprexa)

Haloperidol (Haldol) injection as decanoate or lactate PAP

TIER THREE (3):

Prior Authorization required

Invega (Paliperidone)

Trifluoperazine (Stelazine)

Fluphenazine (Prolixin) tablet; deaconate, concentrate

Chlorpromazine (Thorazine)

Seroquel XR

Risperidone Injection (Perseris) - Allergan

*****ANY COMBINATION OF TWO OR MORE ANTIPSYCHOTICS REQUIRES PA*****

PAP Required

Aripiprazole lauroxil (Aristada) PAP

Asenapine (Saphris) PAP

Iloperidone (Fanapt) PAP

Lurasidone (Latuda) PAP

Olanzapine LAI (Zyprexa Relprevv) PAP

Paliperidone LAI (Invega Sustenna, Invega Trinza) PAP

MOOD STABILIZERS

TIER ONE (1):	TIER THREE (3)
No Authorization required	Requires Prior Authorization by Medical Director.
Lamotrigine (Lamictal) Depakote DR Lithium Carbonate (Eskalith, Lithonate) Lithium Citrate syrup Lithium Carbonate ER Valproic Acid Tablets	Divalproex (Depakote ER, Capsules, Sprinkles) (<u>All Depakote ER scripts without prior authorization will be auto-substituted to DR</u>)
PAP (Prescription Assistance Program) REQUIRED	
PAP medications are <u>not paid for by LPS Client</u> MUST apply for PAP. See PAP discussion for more details.	
Carbamazepine (Tegretol) ^{PAP} Oxcarbazepine (Trileptal) ^{PAP}	

SUBSTANCE ABUSE
“Medications for co-occurring disorders”

TIER ONE	TIER TWO	TIER THREE
No Authorization required	Trial of Tier 1 medications first. Documentation justifying Tier 2	Requires Pre-authorization
Disulphiram (Antabuse)	NONE	Acamprosate (Campral) Naltrexone
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.		
Chantix PAP Nicotine (Nicotrol) PAP Naltrexone LA (Vivitrol) 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

TIER THREE (3):

Prior Authorization required (Restricted criteria for approval)

Dexmethylphenidate Hydrochloride

(Focalin XR)

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

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
Clonidine (Catapres) tablet	Guanfacine (Tenex)	Clonidine (Catapres) patch

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 ER (Intuniv)PAP

ADJUNCTIVE and AMELIORATING agents

TIER ONE (1):	TIER TWO (2):
No Authorization required	Documentation justifying choice of medication required (open to audit)
Benztropine (Cogentin) Trihexyphenidyl (Artane) Levothyroxine tablets (Synthroid)	Amantadine (Symmetrel)
TIER THREE (3):	
Topomax (Topiramate) Grandfathered Tier (2) for six months if prescribed before 6/1/2020.	
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.	
Amantadine ER (Gocoveri) Valbenazine (Ingrezza)	

Beta Adrenergic Blockers

TIER TWO (2):
Documentation justifying choice of medication required (open to audit)
Propranolol (Inderal)

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.

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 individuals. Contracted providers may send individualsto a CPL Patient Service Center to have their labs drawn or provide urine specimens. LifePath Systems prescribers use in-clinic phlebotomy services when possible.

Responsibility of Providers

Lab orders are initiated within the EHR whenever possible. Appropriate diagnoses are to be referenced.

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

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****

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

Extended Observation Unit (EOU) Only

HCTZ 25mg tab	<p style="text-align: center;"><u>During MCOT Assessment.</u></p> <p>LifePath Systems (LPS) provides medications to support treatment plans directed at improving the individual’s behavioral and or mental health. The LPS MCOT Assessor will communicate to the individual, the individual’s support system, and the referring facility which physical health medications are provided by LPS during their admission to the EOU.</p> <p>The individual, individual’s support system and the referring facility will need to consider best options to obtain physical health medications not offered at the EOU which are critical to the individual’s wellness.</p> <p>Home medications will be inventoried, reconciled and administered by the EOU nursing staff.</p> <p>All efforts should be made to obtain necessary physical health medications not provided by LPS prior to or at the time of the individual’s admission to EOU.</p> <p style="text-align: center;"><u>While Admitted to the EOU.</u></p> <p>LifePath Systems Extended Observation Unit will only stock the physical health medications noted in this section. All other physical health medications must be provided by resources of the individual.</p> <p style="text-align: center;"><u>At time of EOU Discharge.</u></p> <p>Individuals who are prescribed physical health medications by LPS providers will receive a 14 day supply at time of discharge. The individual will be responsible for obtaining refills. Case Management is available for individuals enrolled in LifePath Services.</p> <p>LifePath Systems recognizes the importance of each individual having the opportunity to achieve his or her best whole person health outcomes. We will continue to foster relationships in the community to bridge individuals to services not offered within our practices.</p>
Metformin 1000mg tab	
Propranolol 20mg tab (as p. health med)	
Propranolol 80mg tab (as p. health med)	
Lisinopril 10mg tab	
Lisinopril 20mg tab	
Ventolin HFA Albuterol Inhaler - 60 inhalations - Institutional	
Cephalexin 500mg cap	
Simvastatin 10mg tab	
Simvastatin 20mg tab	
Simvastatin 40mg tab	
Simvastatin 80mg tab	
Lovastatin 10mg tab	
Lovastatin 20mg tab	
Lovastatin 40mg tab	
Glyburide 3mg Micronized tab	
Glipizide 10mg tab	
Chlordiazepoxide 10mg cap	
Chlordiazepoxide 25mg cap	
Lorazepam 1mg tab	
REGULAR Insulin	