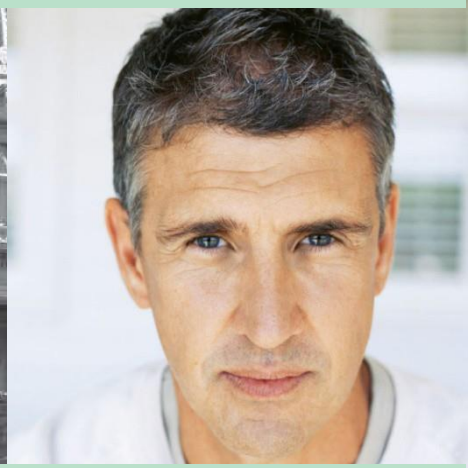
NorthSTAR Contract for Services
9/1/15 through 8/31/17

Appendix 16



NorthSTAR Formulary

ValueOptions
NORTHSTAR

NorthSTAR Formulary

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NorthSTAR Formulary

NorthSTAR is a behavioral management system that serves the Behavioral Health and Substance Use Disorder needs for enrollees in a seven county service delivery area in North Texas. Comprised of approximately 1 million members, the counties of Dallas, Collin, Rockwall, Hunt, Ellis, Kaufman, and Navarro have integrated a range of services to address the emotional and substance abuse needs within their communities.

Unique in its approach, the NorthSTAR system has programs that provide services to both Medicaid recipients and the Indigent population. No beneficiary is ever placed on a waiting list; each member is offered services that are immediate, accessible, and affordable.

ValueOptions of Texas, Inc. is the behavioral healthcare organization contracted with the Texas Department of State Health Services (DSHS) to provide key functions in administering the NorthSTAR program.

ValueOptions is accountable for the maintenance of the provider network as well as the clinical management oversight including Utilization and Quality Management of the care and services NorthSTAR enrollees receive. In addition, ValueOptions manages pharmaceutical benefits for NorthStar Non-Medicaid or Indigent enrollees. Medicaid enrollees' pharmaceutical benefits are managed by the Medicaid Vendor program and are outside the scope of this formulary.

Formulary Definition

ValueOptions defines the formulary as a system to promote the use of preferred drugs and improve the quality and value of medication therapy for our beneficiaries.

Medication Benefits

There are separate benefits for the Medicaid and Indigent Consumers.Medicaid Consumers are not restricted to this formulary.

Effective March 1, 2012, most Medicaid enrollees and all Children's Health Insurance Program (CHIP) enrollees receive their prescription drug benefits through the managed care service delivery model. Prescription drug benefits for most Medicaid enrollees and all CHIP enrollees are through the enrollee's managed care physical health organizations (MCOs). Each STAR or STAR+PLUS MCO will contract with a pharmacy benefits manager (PBM) that will process prescription claims and contract and work with pharmacies that serve CHIP and Medicaid managed care clients.The Medicaid Benefits can be accessed at www.txvendordrug.com.

Members who have Medicare Part D will receive their medications through their Medicare Part D plans. Please contact your plan for information on your pharmacy benefits.

When filling a prescription for a NorthStar Indigent consumer, the NorthStar prescription pad must be utilized and all information on it should be completed. These prescription pads will be given to each eligible ValueOptions Network Provider to prescribe medication. When

written, a prescription can be written for no longer than 30 days.

The NorthStar prescription pad should not be utilized for a Medicaid member. Should a NorthStar prescription be used, there may be an actual delay in the prescription being filled.

At times, a Medicaid Consumer may lose their eligibility. Should that event occur, ValueOptions will continue to certify the existing prescribed medications for an additional three months.

Medication Restrictions

Some covered medications may have additional requirements or limits in order to be filled. These requirements and limits may include:

- **Prior Authorizations:**

ValueOptions requires that some medications will require a provider to obtain a prior authorization before the medication may be filled at a pharmacy. If the prescription does not get approved, ValueOptions will not cover the medication.

- **Quantity Limits:**

For certain drugs, there is a quantity limit that can be prescribed. Most of the limits coincide with maximum dosage recommendations.

- **Step Therapy:**

In some cases, ValueOptions requires a provider to prescribe certain medications for a psychiatric condition prior to the authorization of another pharmaceutical agent. On occasion, a member may have been tried on a lower tiered medication prior to seeing his/her current provider. ValueOptions would not require the provider to restart that prior medication before approving a higher tiered medication.

- **Pharmacy Exceptions:**

In order for

a) a non-covered medication to be certified,
b) a step therapy to be waived,
c) or a quantity limit to be overwritten, the following procedural steps will need to be followed:

Initially, a request from the prescribing physician must be sent to ValueOptions for that medication. ValueOptions has created an accessible form to make the process more efficient for both the physician as well as the Behavioral Health Organization (BHO). After the form has been filled out, the pharmacy specialist reviews the request form to see if that medication can be certified. If the medication cannot be certified, a subsequent review by a board certified

psychiatrist at ValueOptions takes place. After assessing the request, the board certified psychiatrist will render a decision. Should that occur and the prescribing physician disagrees with that decision, that provider has the option to conduct a phone review the ValueOptions physician who made the initial denial. If the additional information conveyed to the ValueOptions physician allows an authorization to occur, the initial decision may be overturned.

Once complete, the form can be faxed back to ValueOptions (866 247-8751; Attention: Pharmacy Coordinator). After the form is acquired by ValueOptions, it will be reviewed by the pharmacy department. Depending upon the medication and the pattern/use of that pharmaceutical agent, the medication will either be approved or denied by the pharmacy department. Should the medication be denied, the Medical Director or Associate Medical Director at ValueOptions will review the request for further consideration. Subsequently, the Medical Director or Associate Medical Director will either approve or deny the request. Should a denial occur, the provider has the right to communicate directly with the Medical Director or Associate Medical Director for reconsideration.

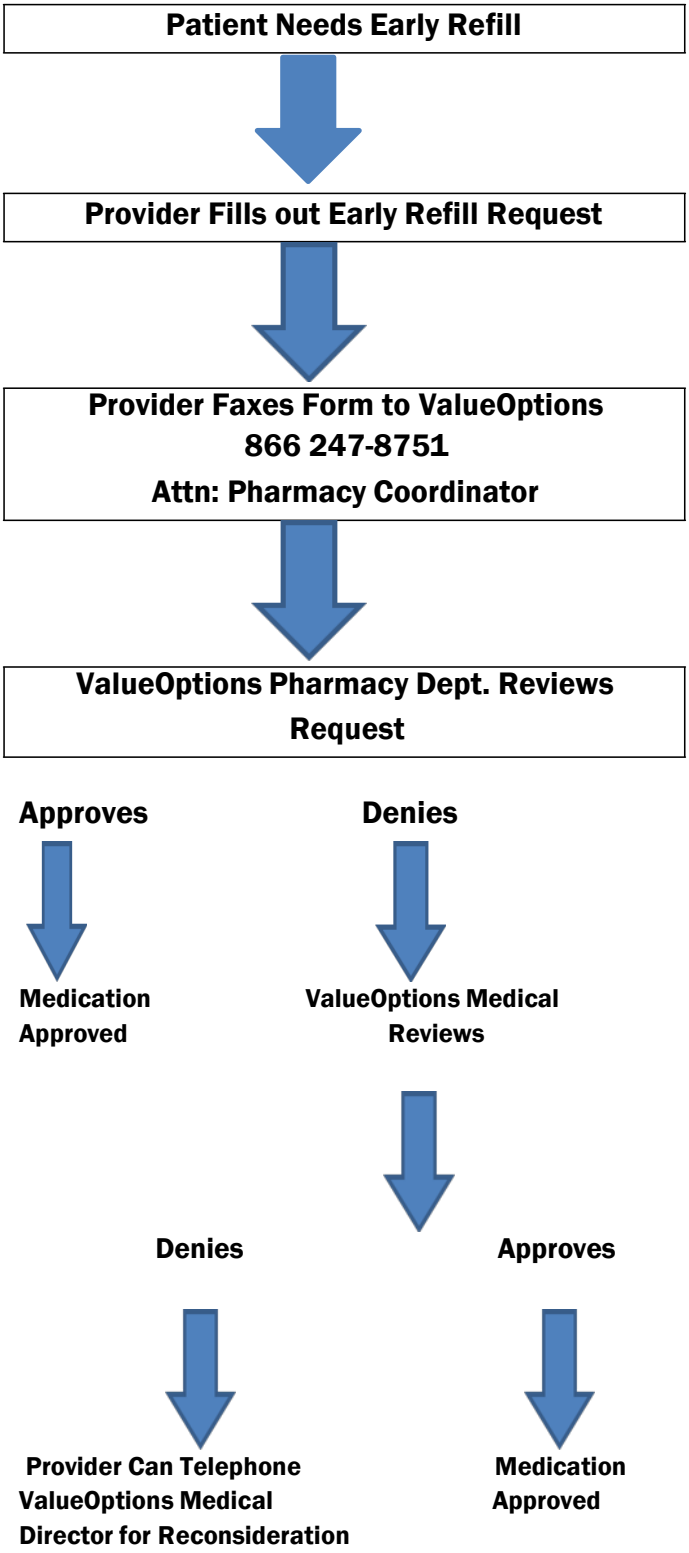
Once the completed Prior Authorization Form has been sent to ValueOptions, the time to complete the review should take no longer than 24 hours.

Should there be any delay beyond that benchmark; the provider may telephone the Pharmacy Coordinator (972 906-2523) for further clarification.

Early Prescription Refills

ValueOptions routinely approves prescription refills on a 30 day basis. On occasion, a patient may request an early refill before the standard 30 days.

Early Refill Process Flow Chart



NorthSTAR Formulary

Pharmacy and Therapeutics Committee (P&T)

Depending on P&T agenda workload, the P&T will meet every other month or on a quarterly basis. Typically, the meetings are scheduled to occur at the ValueOptions offices or via a conference call. The committee is comprised of several groups of individuals. They include the following:

- **Chairman- Medical Director, ValueOptions of Texas, Inc.**
- **Network Participating Providers**
  - **Up to six Providers**
- **Facilitator- Director of Quality**
- **Internal ValueOptions Staff**
- **Recorder**

The focus of these meetings is to ensure that pharmaceutical prescription practices within the NorthSTAR community are safe, effective, and improving quality of life within a balanced fiscal budget. The committee will also consider any new trends such that novel prescription use can be assessed to insure that medications are being utilized safely and effectively.

There are several areas that are focused upon during these meetings. These focal points include the following:

- **Review of the Texas NorthStar ValueOptions Guidelines and Recommendations related to the use of medications.**
- **Evaluate drug usage for appropriateness of therapy.**
- **To perform medication utilization analysis.**
- **To perform drug prescription utilization by contracted providers, including both safety and cost effectiveness outcome measures.**
- **To make recommendations on FDA required or voluntary drug withdrawals from the market.**

Along with the input from the constituent members, the Pharmacy and Therapeutics Committee will be open to communications from other NorthStar Stakeholder groups. These groups may include the Physician Leadership Advisory Group, North Texas Behavioral Health Authority, Consumer and Family Advisory Council, and Behavioral Health Leadership Teams. Additional, input from ValueOptions internal committees may include feedback from the ValueOptions Quality of Care Committee and Quality Management Committee. Any of these entities may initiate an agenda item for the Pharmacy and Therapeutics Committee Meeting for further discussion and recommendations of subsequent actions.

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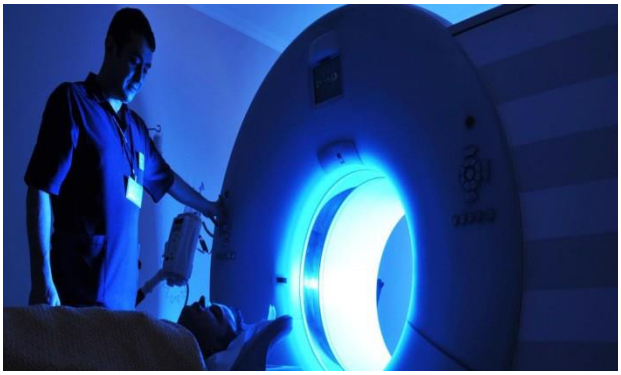

New Medications

The Pharmacy and Therapeutics Committee will review high priority medications as they enter the market place. If comparable medication(s) already exist, new medications will be reviewed after they have been approved and are available for a minimum of at least 180 days. By waiting this duration, issues regarding safety, efficacy, average dosing and pricing will be more accessible.

The Pharmacy and Therapeutics Committee will introduce any new pharmaceutical agents and/or new use of a pre-existing medication for a psychiatric illness. Should that medication need further review, an individual or group will be assigned which will evaluate the role of that medication within the NorthStar formulary. That assigned individual or group may use the expertise of existing organizations such as the Effectiveness Review Project (DERP), Cochrane Collaboration, and NICE (National Institute for Health and Clinical Excellence). In addition, the subcommittee will need to review any algorithms or guidelines developed by various state organizations or professional medical groups. At the next scheduled Pharmacy and Therapeutics meeting, the assigned individual or group will present their findings for discussion.

Decisions made by the P&T will be then presented to Quality Management Committee for final approval.

Any decisions or changes derived from the P&T regarding the NorthSTAR formulary will be ultimately dependent upon review and approval by DSHS.

Once these formulary changes have been approved by the DSHS, they will be communicated via provider alerts and placed on the ValueOptions NorthSTAR website.

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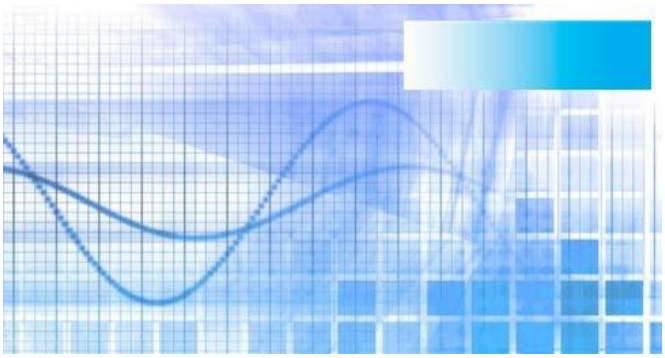
Prescribing Analyses (ValuePrescribe)



ValueOptions will send periodic prescribing reports to the Specialty Provider Network (SPN) Medical Directors within the NorthStar system. The purpose of these reports will be to review practicing patterns as well as identify any prescribing trends. Throughout the year, the physician leaders will communicate their observations of the outcome measures at the Pharmacy and Therapeutics Committee. Such information will be discussed in order to improve and change outcome measures to enrich the overall efficacy and safety for its members.

Second Generation Antipsychotics

The Texas State Legislature has allocated a fixed amount of funding for Second Generation Antipsychotic (SGA) Medications. Patients who qualify for Indigent Mental Health Care under the NorthSTAR program will be eligible to access this New Generation Fund.

The SGA will be placed on a tiered system. By setting up such a process, the number of prior authorizations required for these medications should be lessened. The system has been created to hopefully increase effectiveness and diminish unwanted side effects in the most fiscally responsible manner. Moreover and finally, there has been an increased focus on the unwanted metabolic side effects of these medications.

Risk Factor	Defining Level
Abdominal Obesity (Waist Circumference) Men Women	> 40 inches > 35 inches
Fasting Triglycerides	> 150 mg/dl
High Density Lipoproteins (HDL) Men Women	< 40 mg/dl < 50 mg/dl
Blood Pressure	> 130 / > 85 mm Hg or taking antihypertensive(s)
Fasting Glucose Level	>110 mg/dl or taking insulin or hypoglycemics

Metabolic Syndrome Criteria from National Cholesterol Education Program

The metabolic effects potentially result in a decrease in quality of life and wellness. With the administration of any antipsychotic, emphasis on the modification of lifestyle changes, including a low fat diet and daily exercise, should be encouraged.

Tier One Medications include the following:

- **Risperidone (Risperdal)**
- **Olanzapine (Zyprexa)**
- **Quetiapine (Seroquel)**
- **Ziprasidone (Geodon)**
- **Clozapine (Clozaril)**

Risperidone, Olanzapine, Quetiapine and Ziprasidone are the preferred SGA agents.

Clozaril (brand) will continue to be available with preauthorization.

Tier Two Medications include the following:

- **Latuda (Lurasidone)**
- **Invega (Paliperidone)**

Prior Authorization Criteria for Tier Two Medications:

- **Should a patient be started on Risperidone, Olanzapine or Quetiapine, and subsequently gain 5% of his/her body weight or should a patient develop three or more of the metabolic syndrome criteria listed in the Metabolic Syndrome chart after one these three SGA agents have been tried, a patient will be eligible for Latuda a tier two SGA.**
- **If a patient fails Ziprasidone or is not a candidate for Ziprasidone and the patient has also failed a trial of either Risperidone, Olanzapine or Ziprasidone, the patient would be eligible for Latuda or Invega.**

A trial of clozapine is not a requirement for a patient to be eligible for a tier 2 medication.

Tier Three Medications include the following:

- **Aripiprazole (Abilify)**
- **Iloperidone (Fanapt)**
- **Quetiapine XR (Seroquel XR)**
- **Asenapine (Saphris)**

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Maximum Daily Dosages Second Generation Antipsychotics	
Medications	**Maximum Dosage**
Abilify	30 mg
Fanapt	24 mg
Geodon	240 mg
Invega	12 mg
Latuda	160 mg
Risperdal	8 mg
Saphris	20 mg
Seroquel	800 mg
Zyprexa	30 mg

Prior Authorization Criteria for Tier Three Medications:

- **The patient has failed a trial of at least one of the tier two medications.**

Diagnostically, the antipsychotics may be certified for any DSM-V (or current edition) Psychotic Disorder, Mood Disorder with Psychotic features, Substance Induced Mood Disorder, or Psychotic Disorder Secondary to a Medical Condition. NorthSTAR may cover the usage of SGA for acute stabilization and maintenance treatment in Bipolar Disorder but these authorizations will be time-limited, usually for 6 months.

For those patients being placed on a SGA in a State Hospital, their prescription will be continued as deemed clinically appropriate after discharge (i.e. for several months in a patient with Bipolar Disorder or Major Depression with Psychotic Features, or for long-term for a patient with Schizophrenia or Schizoaffective disorder). For a patient transferring into the NorthSTAR service from a Community Mental Health Center, who has been on a SGA for greater than 12 months, their prescription will be authorized upon reviewing for the appropriateness of its use. For patients who that have been off SGA for over 90 days, any new prescription will be viewed as a new start and will require preauthorization (if their authorization has expired).

Injectable Antipsychotics

For those patients taking injectable long-acting medications, the following stipulations are present:

1. **Haldol Decanoate (generic) and Prolixin Decanoate (generic) are available without prior authorization**

2. Risperdal Consta requires prior authorization
3. Invega Sustenna requires prior authorization
4. Relprevv requires prior authorization
5. All new to the market Long acting injectable antipsychotics

This policy does not apply to those members with Medicaid Pharmacy Benefits; their pharmacy benefit is directly from Medicaid.

Mood Stabilizers

The NorthStar formulary contains several mood stabilizers. Some of these medications are available without the need for a co-pay or a prior authorization.

Agents that are available without prior authorization or co-pay:

1. Lithium Carbonate
   - Eskalith
   - A patient may be approved for Lithobid with prior authorization if there has been a documented history of gastrointestinal side effects with lithium.
2. Valproic Acid
   - A patient may be approved for Depakote if there is a documented history of gastrointestinal side effects with Valproic Acid.
3. Divalproex (Generic Depakote)
   - Brand name Depakote, Brand name Depakote DR and Generic Divalproex ER non-formulary medications.
4. Carbamazepine
5. Lamotrigine (generic)
6. Topiramate (generic)

Agents that require a Prior Authorization and a $20 co-pay:

1. Lithobid (Brand name)
2. Trileptal

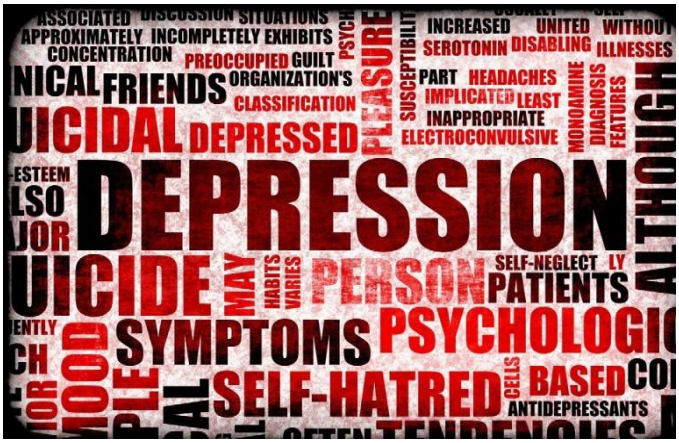
There are specific criteria that must be met in order to be authorized for Trileptal:

1. The patient must have a diagnosis of Bipolar Disorder or Schizoaffective Disorder.
2. The patient has been given an adequate therapeutic trial of Lithium, Valproic Acid, Divalproex, Carbamazepine, or unless these medications are contraindicated.
3. The patient has transferred into the NorthSTAR service area from an outside community mental health center already

taking either Trileptal for more than three months.

Agents that Require a Prior Authorization:

1. Topamax (Brand name)
2. Neurontin (Brand name)
3. Depakote (Brand name)
4. Depakote ER (Brand name and generic)
5. Lamictal (Brand name)



Antidepressants

ValueOptions NorthStar Antidepressant Formulary tiers these pharmaceutical agents into three distinct categories:

In addition to this categorization, there is also a dose limit. Dosages above the limit require a dose overwrite.

1. Agents Available Without a Prior Authorization or Co-Pay

A. All generic antidepressants

2. Agents That Require a Prior Authorization and a $20 Co-Pay

A. Effexor (Brand Name)
B. Effexor XR (Brand Name) Generic Effexor Extended Release will not require a prior authorization.

However, the prescription must indicate that the medication requested is "generic only".

The agents listed above may be available for members without a co-pay if:

- The member has failed adequate trials of the preferred agents.
- There is a medical contraindication for the preferred agent not yet tried.
- The member transfers to the NorthSTAR Service Area and they had received care from a Community Mental Health Center, and they have been stable on the non-preferred agent for more than 3 months.

3. Agents that are Non-Covered

A. All brand-name antidepressants unless otherwise stated elsewhere
B. Any brand name medication for which there is a generic alternative
C. Certain strengths of covered medications:
   1. Doxepin 150 mg
   2. Trazadone 300 mg
   3. Fluoxetine 40 mg

Agent	Maximum Dose
Bupropion	450 mg
Bupropion SR	400mg
Bupropion XL	450 mg
Citalopram	40 mg*
Cymbalta	120 mg
Escitalopram	20 mg
Fluoxetine	80 mg
Fluvoxamine	300 mg
Mirtazapine	45 mg
Paroxetine	60 mg
Sertraline	200 mg
Venlafaxine	375 mg
Venlafaxine XR	375 mg

Maximum Daily Dosages without an Override

* Revised labeling lowers the maximum recommended daily dose of citalopram from 60 mg to 40 mg in most patients, and lowers it to 20 mg in some with risk factors.

ADHD Medications

Some stimulants such as clonidine and guanfacine are available for the treatment of ADHD for members below the age of 18 or who are still enrolled in high school. Although ADHD is covered without a prior authorization for this age group, there is not a NorthSTAR benefit for adults suffering from ADHD.

Agents Available Without Prior Authorization or Co-Pay

1. Methylphenidate
2. Dextroamphetamine
3. Mixed Amphetamine Salts (Generic Adderall)
4. Clonidine
5. Guanfacine
6. Antidepressants as noted in the Antidepressant Section

Agents that are Non-Covered

1. All brand name medications unless otherwise stated elsewhere

Anxiolytics

There are a large number of medications available for the treatment of anxiety without a prior authorization. In addition, there are also numerous hypnotics which NorthSTAR members will not need to obtain a prior authorization.

Agents that don't require a Prior Authorization for Treating Anxiety

1. Generic Valium
2. Generic Klonopin
3. Generic Ativan
4. Any Other Generic Benzodiazepines
5. Generic Buspirone
   - Buspirone 30 mg tablets are not on the formulary
6. Hydroxyzine Pamoate/Hydrochloride

Covered but not recommended

Alprazolam (generic Xanax)

- Associated with dose escalation and greater difficulty discontinuing than other benzodiazepines.

Agents that are not covered for Treating Anxiety

1. Xanax XR

Hypnotics

Agents that don't require a Prior Authorization for Treating Insomnia

1. Generic Halcion
2. Generic Restoril
3. Generic Ambien

Agents that are not covered for Insomnia

1. Ambien CR
2. Lunesta
3. Zaleplon

Anti-Parkinsonian Agents

Anti-Parkinsonian Agents include the following:

1. Benztropine
2. Diphenhydramine
3. Trihexyphenidyl

Agents Related to Substance use Disorder

Formulary Agent:

1. Suboxone or Subutex are available when the following requirements are met:

   The individual must have failed other types of rehabilitation.
   Should initial authorization be certified, the duration of that authorization is to last 3-6 months. After that time, the patient will either need to taper off the medication or they may elect to pay out-of-pocket for this agent.
   The prescribing clinician must have appropriate certification to prescribe this medication.

There is a $20 co-pay for this medication. Co-pay waivers are not granted for this medication.

2. Naltrexone: following a prior authorization.

Substance Abuse Agents that are Non-Formulary

1. Vivitrol
2. Campral (Acamprosate)

NorthSTAR Tiered Formulary Summary

A. Second Generation Antipsychotics

Tier One Medications

Agent	Maximum Dose
Olanzapine	30 mg
Risperidone	8 mg
Quetiapine	800 mg
Ziprasidone	240 mg

Tier Two Medications

Agent	Maximum Dose
Latuda	160 mg
Invega	12 mg

Tier Three Medications

Agent	Maximum Dose
Abilify	30 mg
Fanapt	24 mg
Quetiapine XR	800 mg
Saphris	20 mg

B. Mood Stabilizers

Mood Stabilizers that do not require Prior Authorization or Co-Pay

Agent	Maximum Dose
Lithium	NA
Eskalith (generic)	NA
Valproic Acid	60 mg/kg
Divalproex	60 mg/kg
Carbamazepine	1,600mg
Lamotrigine (generic)	400 mg
Topiramate (generic)	400 mg

Mood Stabilizers that Require Prior Authorization and a $20 Co-Pay

Agent	Maximum Dose
Lithobid (brand)	NA
Eskalith (brand)	NA
Trileptal	2,400mg

Mood Stabilizers that Require a Prior Authorization

Agent	Maximum Dose
Topamax (brand)	400 mg
Lamictal (brand)	400 mg
Depakote (brand)	60 mg/kg
Depakote ER (brand)	60 mg/kg

C. Antidepressants

Agents that do not require Prior Authorization or Co-Pay

Agent	Maximum Dose
Bupropion	450 mg
Bupropion SR	450 mg
Citalopram	40 mg*
Escitalopram	20 mg
Fluoxetine	80 mg
Fluvoxamine	300 mg
MAOI's	NA
Mirtazapine	45 mg
Paroxetine	60 mg
Sertraline	200 mg
Trazodone	400 mg
Tricyclic Antidepressants	NA
Venlafaxine	375 mg

*Revised labeling lowers the maximum recommended daily dose of citalopram from 60 mg to 40 mg in most patients, and lowers it to 20 mg in some with risk factors.

Agents that Require Prior Authorization and a $20 Co-Pay

Agent	Maximum Dose
Effexor (brand)	375 mg
Effexor XR (brand)	375 mg

D. Anxiolytics/Hypnotics

Agents that do not require Prior Authorization or Co-Pay

Agent	Maximum Dose
Alprazolam	10 mg
Buspirone	60 mg
Clonazepam	20 mg
Diazepam	60 mg
Hydroxyzine Pamoate	400 mg
Lorazepam	10 mg
Temazepam	30 mg
Triazolam	0.5 mg
Zolpidem	10 mg*

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Medications which do not require a prior authorization	
Alprazolam	Lithium Carbonate
Amantadine	Lithium Citrate
Amitriptyline	Loxapine
Amoxapine	Maprotiline
Atenolol	Methylphenidate
Benztropine	Mirtazapine
Bupropion	Molindone
Bupropion SR	Nortriptyline
Buspirone (not 30 mg)	Olanzapine
Carbamazepine	Oxazepam
Chlordiazepoxide	Paroxetine
Chlorpromazine	Perphenazine
Citalopram	Phenelzine
Clomipramine	Phenytoin
Clonazepam	Prolixin/Prolixin Decanoate
Clonidine	Propranolol
Clozapine	Quetiapine
Depo-Provera	Risperidone
Desipramine	Sertraline
Dextroamphetamine	Temazepam
Diazepam	Thioridazine
Diphenhydramine	Thiothixene
Divalproex	Trihexyphenidyl
Doxepin	Trimipramine
Duloxetine	Tranylcypromine
Escitalopram	Trazodone
Fluoxetine (not 40 mg tablets)	Triazolam
Fluphenazine	Valproic Acid
Fluvoxamine	Venlafaxine
Gabapentin	Venlafaxine Extended Release
Guanfacine	Vitamin E
Haloperidol/Haloperidol Decanoate	Ziprasidone
Hydroxyzine Pamoate/Hydrochloride	Zolpidem
Imipramine	
Lamotrigine	
Levothyroxine	

Medications which require a prior authorization	
Antipsychotics	**Long acting Injectable Antipsychotics**
Paliperidone (Invega)	Abilify Maintenna
Aripiprazole(Abilify)	Risperidal Consta
Iloperidone (Fanapt)	Invega Sustenna
Quetiapine XR (Seroquel XR)	Olanzapine Relprevv
Asenapine (Saphris)	
Lurasidone (Latuda)	
Antidepressants	**Mood Stabilizers**
Effexor XR (brand)	Topamax(Brand Name)
Effexor (brand)	Eskalith(Brand Name)
	Trileptal(Brand Name)
	Depakote/Depakote ER(Brand Name)
Chemical Dependency Adjuncts	Lamictal(Brand Name)
Naltrexone	
Suboxone	

Medications not on this list will need a prior authorization.

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