

# CHAPTER 17:

## Pharmacy and Drug Formulary

Reviewed/Revised: 10/1/18, 9/3/19, 1/1/20

### 17.0 INTRODUCTION

Health Choice Arizona is pleased to provide the Health Choice Arizona Preferred Drug List, which is also available online at [www.HealthChoiceAZ.com](http://www.HealthChoiceAZ.com). The medications listed in the formulary should be used when prescribing to Health Choice Arizona members. This is a closed formulary and only the drugs listed in this formulary are covered by Health Choice Arizona, except when prior authorization is given.

An online version of the Health Choice Arizona Formulary is posted (at least) annually during the first calendar quarter on our website. The formulary represents the Health Choice Arizona formulary drug list as of January 1 of that year. The most accurate Health Choice Arizona Formulary drug listing can be found on the Health Choice Arizona website at: [www.HealthChoiceAZ.com](http://www.HealthChoiceAZ.com)

A machine readable version of the Health Choice Arizona formulary is available on our website.

Due to the dynamic nature of the pharmacy benefit and availability of medications, periodic updates to the formulary are made and posted to the Health Choice Arizona website. Changes include all Pharmacy and Therapeutics (P&T) Committee actions including drug additions, drug deletions (usually with “grandfathering” for any current members on that medication), addition of Step Therapies or Quantity Level Limits (QLs), or newly designated Prior Authorization (PA) medications. Whenever possible, new additions are placed on the Health Choice Arizona Formulary as soon as possible, to let all providers have the advantage of using that medication for a Health Choice Arizona member. Additionally when possible, Health Choice Arizona will provide a 30 days’ notice of formulary and PA criteria change. Health Choice Arizona may fax a memo to notify providers of updates and changes and may refer providers to view the updated Formulary (Preferred Drug List) on our website. Additionally members and providers may be notified of changes to the Preferred Drug List via direct letter. Updates to prior authorization (PA) criteria for the medications are posted on the Health Choice Arizona website along with Pharmacy PA request forms that can be used for PA request submission, Exhibit 17.2 (see Chapter 6: Authorizations and Notifications).

The drugs listed in the Health Choice Arizona formulary have been researched, reviewed, and formally approved by the Health Choice Arizona Pharmacy and Therapeutics (P&T) Committee. The formulary contains medications consistent with AHCCCS P&T Committee decisions and the AHCCCS Preferred Drug Lists.

The drugs have been specifically selected to provide both clinically appropriate and cost-effective medications for patients who have their drug benefit administered through Health Choice Arizona. There may be occasions when an unlisted drug is desired for use by a specific patient, in which case the unlisted medication may be requested through the Prior Authorization process.

**Preferred Drugs:** Medications are provided by Health Choice Arizona to its eligible members through a Pharmacy Benefit Manager (PBM) Agreement. The Preferred Drug List (otherwise referred to as Formulary) is developed to encourage the use of safe, effective, clinically appropriate, and the most cost-effective medications. Whenever a claim is submitted for a non-preferred drug (or non-formulary drug), the claim will reject and notify the pharmacy that a prior authorization is required. Health Choice Arizona encourages the use of medications on our Preferred Drugs List (Formulary), as appropriate, before approving a non-preferred drug unless:

1. The member has previously completed step therapy using the preferred drug(s), or
2. The member's prescribing clinician supports the medical necessity of the non-preferred drug over the preferred drug for the particular member through the prior authorization process.
3. The member has previously tried and failed all formulary alternatives approved to treat their condition.

Health Choice Arizona participating providers may request medications be considered for Health Choice Arizona Formulary addition or deletion (Exhibit 17.1), by sending their request, with documentation to:

Health Choice Arizona  
ATTN: Pharmacy Department  
410 North 44<sup>th</sup> Street, Suite 900,  
Phoenix, AZ 85008

## **17.1 PREFERRED DRUG LIST OR FORMULARY**

The Health Choice Arizona Formulary is organized into sections. Each section includes therapeutic groups identified by either a drug class or disease state. Covered generic products are identified with a "G" in the Brand/Generic indicator column and a reference brand name included as a reference to assist in product recognition. Covered Brand products are identified with a "B" in the Brand/Generic indicator column. For some AHCCCS select formulary (preferred) drugs only the brand product will be covered. This is clearly designated on the formulary document.

Unless exceptions are noted, all dosage forms and strengths of the drug cited are covered. Certain drugs may be available within a set monthly quantity restriction, signified by the letters QL, or require prior authorization for coverage.

The formulary covers select over-the-counter (OTC) products. You are encouraged to prescribe them when clinically appropriate, and to prescribe them exactly as they appear in the formulary.

## 17.2 PRODUCTION SELECTION

The Health Choice Arizona P&T Committee will consider new-to-market drugs for inclusion to the formulary as the need for each new product is assessed. The evaluation includes an extensive clinical literature review. Expert opinion is sought to provide the committee with information necessary to make a clinical informed decision about drug placement.

Formal reviews are prepared that typically address the following information: safety, efficacy, comparison studies, approved indications, adverse effects, contraindications/warnings/precautions, pharmacokinetics, patient administration/compliance considerations, and medical outcome and pharmacoeconomic studies.

When a new drug is considered for formulary inclusion, an attempt will be made to examine the drug relative to similar drugs currently on formulary. In addition, entire therapeutic classes are periodically reviewed. The class review process may result in deletion of one or more drugs in a particular therapeutic class in an effort to continually promote the most clinically useful and cost-effective agents.

## 17.3 COST INDEX

Health Choice Arizona, in partnership with its providers, hopes to provide the best care for our members while maintaining an overall cost-effective approach. We ask that providers consider the relative costs when choosing an agent, which can best treat the patient; e.g. quality FDA “A” rated generic drugs are the Health Choice Arizona Formulary preferred agents.

## 17.4 GENERIC SUBSTITUTION

Health Choice Arizona utilizes a mandatory generic drug substitution policy consistent the AHCCCS requirements. The substitution of a generic drug in place of a brand name drug is required if the generic drug is available and contains the same active ingredient(s) and both products, the brand name and generic, are chemically identical in strength, concentration, dosage, form and route of administration. Generic substitutions shall adhere to Arizona State Board of Pharmacy rules and regulations. Health Choice Arizona will 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. All exceptions to the generic substitution and biosimilar policy are found on the Health Choice Arizona formulary document.

Health Choice Arizona requires network pharmacies to dispense generic drugs when available. Only those generic products that have received an “A” rating by the FDA should be used. If the physician indicates “no generic substitution” and a generic substitution is available, the physician must contact Health Choice Arizona for prior authorization and follow the prior authorization guidelines for obtaining a formulary exception. Appropriate documentation will be required describing medical necessity for no generic substitution.

In some cases, only the brand product will be covered for AHCCCS preferred drugs. This is clearly designated on the Plan formulary when applicable. Dispensing pharmacies receive messages to ensure that brand products are used in these situations. If needed a pharmacist will reach out to the prescriber to provide this information and work collaboratively to assist the member connect with their medication.

## 17.5 DISPENSING LIMITATIONS

Health Choice Arizona members commonly receive up to a 30-day supply of medication or diabetes blood glucose testing supply item at one time.

Hospital overrides of medications may occur as hospitals and emergency departments are frequently not familiar with Health Choice Arizona formulary choices. Hospital discharge overrides are for 14 days which provides time for the member to contact their provider. When this occurs, it is the responsibility of the PCP to prior authorize medication only when needed to complete a medically necessary treatment course, or convert the member to a Health Choice Arizona formulary product.

## 17.6 E-PRESCRIBING

All Health Choice Arizona providers must implement and use e-prescribing for all medications prescribes for members including controlled substances. The use of electronic prescribing (e-prescribing) is meant to improve the quality of healthcare for patients as well as increase efficiency for providers. E-Prescribing is a clinicians' ability to electronically send an accurate, error-free and understandable prescription directly to a pharmacy from the point-of-care. Thus, clinicians can safely and efficiently manage member's medications while reducing the risk for errors. Additional benefits include reducing phone calls between clinicians and pharmacies and providing member convenience by avoiding additional trips to pharmacies to drop off prescriptions. Prescriptions should be written to allow generic substitution whenever appropriate. Health Choice Arizona monitors rates of e-prescribing at the individual prescriber level, provider level and by population as per **AHCCCS ACOM Chapter 321 Payment Reform- E-Prescribing**.

## 17.7 BEHAVIORAL HEALTH MEDICATIONS

The Health Choice Arizona formulary includes medications to treat behavioral health disorders and meets the AHCCCS Mental Health Parity requirements. Appropriate physician assessment and documentation describing the condition is required to facilitate the coverage of medications for these conditions. .

Behavioral health medications prescribed by the PCP for the treatment of anxiety, depression, attention deficit hyperactivity disorder (ADHD), and opioid use disorder (OUD) are covered by Health Choice Arizona consistent with the AHCCCS Preferred Drug Lists. AHCCCS mandates that PCPs who choose to manage depression and/anxiety are monitored for appropriate diagnosis and treatment plan.

Health Choice Arizona requests that providers use currently accepted standard medical screening tools for diagnosis and follow up evaluations in order to confirm accurate diagnosis and prevent delays in medication approvals.

Health Choice Arizona's coverage of medically necessary, federally reimbursable behavioral health medications for members prescribed by PCPs and behavioral health providers requires that monitoring and adjustments of behavioral health medications is well documented and conforms with evidence based practices and guidelines. For OUD the PCP must refer the member to a behavioral health provider for the psychological and/or behavioral therapy component of the MAT model and coordinate care with the behavioral health provider.

Health Choice Arizona provides coverage for behavioral health medications prescribed by a behavioral health providers and requires that providers complete and submit the Health Choice Arizona Behavioral Health Prescriber registration or de-registration document (Health Choice Arizona Behavioral Health Prescriber Registration Form) which is available on the Health Choice Arizona website.

## **17.8 PSYCHOTROPIC MEDICATION MONITORING**

Health Choice Arizona requires at a minimum, assessments for psychotropic medications which include the following:

- a detailed medical and behavioral health history;
- a mental status examination;
- a diagnosis with target symptoms;
- a review of medication allergies for previously and currently prescribed psychotropic medications including side effects and/or potential drug-drug interactions;
- a list of all current medications prescribed by the PCP and medical specialists including over the counter (OTC) medications and supplements;
- And documentation of psychotropic medication monitoring parameters such as heart rate, blood pressure, weight, BMI, labs, including serum drug levels, as indicated.
- For sexually active females of childbearing age additional information is needed such as a review of reproductive status (pregnancy) and for post-partum females a review of breastfeeding status is required.

Consistent with national guidelines addressing the monitoring of psychotropic medications, the provider must establish policies and procedures for monitoring of drug levels of lithium, valproic acid, carbamazepine, renal, liver, and thyroid function, glucose metabolism, BMI as well as screen for metabolic syndrome and movement disorders. See Exhibit 17.3, Minimum Laboratory Monitoring for Psychotropic Medication.

Medications prescribed for youth must be monitored for efficacy, side effects and adverse events at every visit with a registered nurse, physician assistant, psychiatric nurse practitioner, or physician.

Children are more vulnerable than adults with regard to developing a number of antipsychotic induced side effects including higher rates of sedation, extrapyramidal side effects (except for akathisia), withdrawal dyskinesia, prolactin elevation, weight gain and at metabolic abnormalities. (Journal of Clinical Psychiatry 72:5 May 2011). Therefore, all antidepressant, antipsychotic, and sedative-hypnotic medications prescribed for children less than 6 years of age require prior authorization.

When initiating a controlled substance (i.e. amphetamines, opiates, benzodiazepines, etc.) that will be used on a regular basis or for short term addition of agents when the member is known to be receiving opioid pain medications or another controlled substance from a secondary prescriber, review of the member's Arizona State Board of Pharmacy Controlled Substance Prescription Monitoring Program (CSPMP) database report should be conducted and findings documented.

## **17.9 BEHAVIORAL HEALTH REPORTING REQUIREMENTS**

Health Choice Arizona has adopted the AHCCCS system requirements for monitoring for adverse drugs reactions, adverse drug events, and medication errors. Drug therapy management of complex behavioral health conditions may lead to polypharmacy which increases a members risk for adverse medication consequences. Commonly used psychotropic medication combinations include medication combinations used to treat multiple disorders, medication combinations that offer unique treatment advantages for a single disorder, and medication combinations to address side effects of an effective agent. All of these therapeutic approaches require assessment of reported information.

Health Choice Arizona follows AHCCCS requirements regarding the prescribing of multiple psychotropic medications to a person being treated for a behavioral health condition and requires specific documentation.

- **Intra-class Polypharmacy:** Defined as 2 or more medications prescribed at the same time within the same class, other than for cross-tapering purposes. The person's medical record (see Chapter 18: Behavioral Health Services) must contain documentation specifically describing the rationale and justification for the combined use.
- **Inter-class Polypharmacy:** Defined as 4 or more medications prescribed at the same time from different classes of medications for the overall treatment of behavioral health disorders. The medical record (see Chapter 18: Behavioral Health Services) must contain documentation specifically describing the rationale and justification for the combined use.
- **Polypharmacy in Children aged Birth to Five:** Defined as use of 2 or more psychotropic medications at a time must contain documentation specifically describing the rationale and justification for the combined use consistent with national practice guidelines for children birth to five years of age.

The above reference events are identified, reported, tracked, reviewed and analyzed by Health Choice Arizona.

## **17.10 BEHAVIORAL HEALTH DISPENSING LIMITATIONS**

### ***Out-of-area prescription refills of non-controlled medications***

Health Choice Arizona maintains a comprehensive pharmacy network that includes many pharmacy chains. Members needing to fill prescriptions while out-of-area should have their prescription transferred to a pharmacy chain that is located in the area where the prescription will be picked up. Members who run out or lose their medications while out-of-area should contact their prescriber to determine the appropriateness of calling in a prescription to a contracted pharmacy near the member's location or to a local pharmacy with a chain pharmacy in that area. Members needing urgent after-hour or weekend refills of medications may have their pharmacist call the Health Choice Arizona Pharmacy Benefit Manager, OptumRx at (855) 821-9100 for a limited number of over-rides, or receive compassionate dispensing of limited supplies of non-controlled substances, at the discretion of the dispensing pharmacist. Other options include presenting to local behavioral health agencies or urgent care centers. Use of emergency rooms for dispensing of routine psychotropic medications is discouraged. In emergency situations valid member-incurred costs for covered behavioral health medications can be reimbursed by sending a copy of the receipt and relevant documentation to the Health Choice Arizona.

### ***Out-of-area prescription refills of Schedule CII medications, and Schedule CIII-V***

Schedule II medications, such as stimulants, are tightly controlled by federal and state regulations. These medications require a current printed and signed prescription, or a valid electronic prescription. Prescribers may not call these medications into pharmacies and running out of these medications is typically not a behavioral health emergency; therefore members should be advised to plan ahead to ensure adequate supplies of these medications. In an emergency situation, options for acquiring a needed prescription include presenting to local behavioral health agencies or urgent care centers. Use of emergency rooms for dispensing of routine psychotropic medications is discouraged. Schedule CIII-V medications are also tightly regulated and will require a valid prescription prior to dispensing. Lost and stolen controlled substances require a new prescription, or verification of the original prescriber's consent.

### ***Discharge medications from inpatient facilities***

Inpatient facilities should dispense at least a 3 to 5 day's supply of medications for the convenience of families and members at discharge and provide members prescriptions with enough medications and/or refills to last until the first scheduled prescriber appointment. As per policy, Chapter 3 section 3.12 Appointment Availability, this should be within seven days (and in no case more than 30 days). If the prescriber is concerned about safety issues, it is advised to write smaller quantities per prescription with a greater number of refills AND ensure that the member is prioritized to receive a post-discharge follow-up within clinically appropriate time frames.

If the member is on stimulants, they should be provided enough to last until the first prescriber appointment. Stimulants cannot be refilled or written in advance; members must be seen by a prescriber to receive a stimulant prescription. Discharge prescriptions and medications dispensed may be communicated electronically to the outpatient facility to better coordinate care and allow for identification of potential medication misuse.

### ***Medications during transitions between RBHAs, agencies or prescribers***

It is the responsibility of the member's current prescriber, including the PCP, to ensure that persons transitioning have adequate supplies of medications to last until the appointment with the next prescriber (Chapter 3 section 3.12 Appointment Availability). It is the responsibility of the provider assuming the person's care to ensure that the person is scheduled with an appointment within clinically appropriate time frames such that the person does not run out of medications, and does not experience a decline in functioning. In no case should the timeframe extend longer than 30 days from identification of need. See also Chapter 18: Behavioral Health Services.

Persons can be evaluated at any time during their care for SMI eligibility, not just at enrollment. Substance use disorders carry a high risk of morbidity and mortality and may obscure the ability to determine if a person has a qualifying SMI diagnosis. Requiring that a person be substance-free prior to the initiation of services is not a best practice. Providers may determine that a person is SMI pending receipt of information and response to treatment. Providers can contact HCA about compassionate dispensing options.

### ***Use of samples***

Health Choice Arizona providers are strongly discouraged from using medication samples for medications not on the Preferred Drug List, as members may not be able to continue those medications as part of the prior authorization process. Providers who consistently use non-preferred drug list samples may be subject to corrective action.

## **17.11 SPECIALTY MEDICATION PROGRAM**

Health Choice Arizona utilizes a specialty pharmacy, Briova Specialty Pharmacy, to provide certain medically necessary, specialty medications for Health Choice Arizona members. These very specialized medications are used to treat chronic disorders such as multiple sclerosis, chronic hepatitis, cystic fibrosis, rheumatoid arthritis and, hepatitis C, etc. These medications can be identified in our formulary by the code "SP" in the Requirement/Limit column.

Physicians may request a specialty medication by utilizing the Health Choice Arizona Pharmacy Medication Prior Authorization Form found on our website. The completed PA form and supporting documentation should be faxed to the Health Choice Arizona Prior Authorization Department at (877) 422-8130. **DO NOT SEND THIS FORM DIRECTLY TO THE SPECIALTY PHARMACY.**



## **17.12 CONTROLLED SUBSTANCES**

Health Choice Arizona requires physicians to utilize the Controlled Substances Prescription Monitoring program (CSPMP) when prescribing controlled substances to their patients. This database tracks the prescribing and dispensing of controlled prescriptions and can assist in the avoidance of inappropriate use of these medications. Please see Exhibit 17.4 for additional information on the Arizona CSPMP.

Health Choice Arizona complies with state mandated opioid prescribing limits and AHCCCS required utilization management edits (e.g. Prior Authorization, concomitant therapy edits, 5 day limit for short acting opioids).

Additionally, Health Choice Arizona complies with AHCCCS requirements that allow PCPs to treat members with medication-assisted treatment (MAT) for opioid use disorder (OUD). PCPs providing MAT shall meet all regulatory requirements established for the medication type administered. AHCCCS preferred drugs for the treatment of OUD are available on the Health Choice Arizona Formulary (preferred drug list).

To promote safe prescribing practices, Health Choice Arizona encourages providers to adopt and utilize electronic prescribing of controlled substance medications. Please see Exhibit 17.5 for additional information on e-prescribing.

## **17.13 PHARMACY AUTHORIZATIONS**

Health Choice Arizona is permitted to manage the pharmacy benefit by developing a Formulary (Preferred Drug List). Physicians should utilize the Health Choice Arizona Drug Formulary when prescribing medications for Health Choice Arizona members. Refer to the AHCCCS Medical Policy Manual Chapter 300, Policy 310-V.

If the Provider determines that the patient requires a medication that is listed as requiring prior authorization and/or not listed on the plan Formulary, the physician must request prior authorization using the current Health Choice Arizona Prior Authorization Request Form (Exhibit 17.2) along with appropriate documentation to support the request. Providers should also note references to step therapy (ST) edits, and quantity limits (QL) prior to requesting PA.

Providers are strongly encouraged to check the online Health Choice Arizona Formulary and Prior Authorization Criteria documents to obtain the most up-to-date formulary and clinical coverage requirement information.

## **17.14 TIME FRAMES FOR HEALTH PLAN PRIOR AUTHORIZATION REVIEW**

As defined by the AHCCCS Medical Policy Manual, Chapter 1000, and Medical Management/Utilization Management: “Chapter Overview” Health Choice Arizona has implemented policies for processing and making determinations for Pharmacy prior authorization requests for medications consistent with the following requirements.

1. A decision to a submitted prior authorization request for a medication is provided by telephone, fax, electronically or other telecommunication device within 24 hours of receipt of the submitted request for prior authorization if all information required to render a decision is present,
2. A request for additional information is sent to the prescriber by telephone, fax, electronically or other telecommunication device within 24 hours of the submitted request when the prior authorization request for a medication lacks sufficient information to render a decision. A final decision shall be rendered within seven days from the initial date of the request,
3. At least a 4-day supply of a covered outpatient prescription drug is provided to the member in an emergent situation. [42 CFR 438.3(s)(6)].

### 17.15 PRIOR AUTHORIZATION DETERMINATIONS

Prior Authorization requests which are submitted to Health Choice Arizona on behalf of Health Choice Arizona members will be processed and completed in one of the following standard methods:

- **Approved** - The information received met all Health Choice Arizona criteria for coverage requirements, and authorization is granted. No further action is required by the office except to notify the member/facility and facilitate the member in obtaining the approved services. The requesting provider office is responsible for informing the member that services have been authorized by Health Choice Arizona.
- **Denied** - The information received did not meet all Health Choice Arizona criteria for coverage requirements, and authorization is not granted. The requesting provider and member will receive a denial notification letter.
- **Request for additional information:** In some instances when PA has been requested, the documentation received by Health Choice Arizona is missing key information to support meeting coverage criteria or medical necessity for the service; submitted records are insufficient to render an authorization decision.
  - When this occurs, additional information is requested within 24 hours of the submitted request via fax.
  - When additional information cannot be obtained within 7 days in order for Health Choice Arizona to meet AHCCCS mandated PA timeframes, Health Choice Arizona will render a decision based on the information available.
- **Reduced** - The information received met Health Choice Arizona criteria for coverage and/or medical necessity requirements, however the documentation provided does not support the full amount, duration and/or scope of service at the time of request. In this situation, a partial authorization is granted.

### 17.16 AUTHORIZATION DENIALS (ADVERSE BENEFIT DETERMINATIONS)

When a denial is issued, Health Choice Arizona must inform the member of the denial of service and the reason for denial in clearly understood language in the form of a “Notice of Action” (NOA)

letter utilizing the AHCCCS ‘Notice of Adverse Benefit Determination’ letter template. AHCCCS requires NOA letters to communicate the basis for a denial in “easily understood” language, therefore member NOA letters will be written in a simplistic fashion in order to comply with this specific AHCCCS requirement. For more information about what a member can do if they receive an NOA, please see Chapter 15: Claim Disputes, Members Appeals and Member Grievances.

In some cases, upon communication with the Plan the provider chooses to prescribe a preferred drug instead of the original target drug. Health Choice Arizona is not required to provide a **Notice of Action** when the prescribing clinician is in agreement with the change to the preferred drug. A prior authorization request will be reviewed for the non-preferred drug when the prescribing clinician is not in agreement with transition to the preferred drug. In accordance with AHCCCS Contractor Operations Manual (ACOM) Policy 414 for Service Authorizations, when a prior authorization request is denied or a previously approved authorization is terminated, suspended, or reduced, Health Choice will issue the appropriate Notice of Action.

Written information which communicates a denial of service will also be sent to the requesting provider (or their designee). A copy of the Notice of Action mailed to the member is faxed to the provider which includes the reason for denial. For additional detail regarding the denial, the provider may contact the Pharmacy Prior Authorization Department.

After a denial decision has been made, denial communications to the member and prescriber will be generated to be faxed and mailed within the appropriate PA timeframes.

### **17.17 PHARMACY TRANSITION OF CARE PROCESS**

New enrollees (within their first 30days) taking prescription drugs that are not on the Health Choice Arizona Preferred Drug List (formulary), or formulary drugs that are subject to certain restrictions, such as prior authorization or step therapy, will receive a transition fill of up to a 30-day supply at a retail pharmacy to prevent a gap in therapy and to enable the prescriber to seek authorization for future fills. Within 7 days of the transition fill enrollees and their prescribing provider (if appropriate) will receive a letter instructing them to consult with their prescribing provider and decide if they can switch to a Health Choice Arizona formulary drug or submit for coverage of the non-formulary medication via the Health Choice Arizona pharmacy prior authorization process.

Health Choice Arizona will not pay for additional fills for the drug(s), unless the prescriber submits a request for coverage or medical necessity review and the Health Choice Arizona pharmacy PA department under the direction of the Medical Director approves the request. If coverage is approved, the approval will be valid for up to 12 months, unless prescribed for a lesser period or Health Choice Arizona criteria dictates a more clinically appropriate duration of coverage for the specific medication authorized.