August Pharmacy Newsletter

PREFERRED DRUG LIST UPDATES

Integrated (Title 19/21 SMI) and ACC, DD, ALTCS and DCS CHP

Additions:

- Tranexamic acid 650 mg tablet (Prior Authorization)

Removals:

- Telmisartan 20 mg tablet
- Telmisartan 40 mg tablet
- Telmisartan 80 mg tablet

Other Updates

- None

Behavioral Health (Non-Title 19/21)

Additions:

- None

Removals:

- None

Other Updates

- None

** Drugs that are not on the formulary may be available via PA (prior authorization) **

- For the complete preferred drug lists, please refer to the Mercy Care websites below
  - RBHA: https://www.mercycareaz.org/providers/rbha-forproviders/pharmacy
  - Mercy Care RBHA uses four preferred drug lists, depending on your member's eligibility.
    - **Behavioral Health Preferred Drug List**: For members who qualify under Title 19/21 Non-SMI or as Non-Title 19/21 determined to have a serious mental illness (SMI), or Non-Title 19/21 children with a serious emotional disturbance (SED), Mercy Care RBHA fills only behavioral health medications.
    - **Integrated Preferred Drug List**: For Title 19/21 SMI members, Mercy Care RBHA fills physical health and behavioral health medications.
    - **Crisis Medication List**: For adults or children who are Non-Title 19/21 and Non-SMI who present in crisis at any of the facility-based psychiatric urgent care centers, detox facilities and/or access point in Maricopa, Gila, or Pinal counties. The medications on this list will help stabilize an individual in crisis and bridge them to a follow-up outpatient appointment.
    - **Substance Abuse Block Grant Medication List**: For Non-Title 19/21 members with SUDs and primary substance use and misuse.
      - ACC, DD, ALTCS and DCS CHP: https://www.mercycareaz.org/providers/completecare-forproviders/pharmacy

Screening Test for Drugs of Abuse

Biologic sample most used when testing for drugs of abuse is urine. Blood or serum may be used in some circumstances. In addition, hair, feces, sweat or saliva may be used to detect drugs of abuse.

The methods and capabilities of assays of biologic samples for drugs of abuse fall into three categories: immunoassays, chromatography, and mass spectrometry. Immunoassays are typically the initial screening test used to detect the presence of a drugs of abuse or metabolite, and gas chromatography/mass spectrometry (GCMS) is typically used as a confirmatory test.

Immunoassays are by far the most widely used method of initial testing for drugs of abuse in the clinical setting. Typically providing a result within minutes after sample application, immunoassays can detect low concentrations of a substance with a high degree of specificity. They are technically easy to perform and relatively inexpensive.

Limitations of immunoassays may include the simplicity of the results provided with a drug screen, typically reported as negative or positive for the presence of a given drug, often misleads clinicians. Proper interpretation of the results of a drug screen depends upon the clinical context. Clinicians must consider the type of testing being performed, level of suspicion for drug use or exposure (i.e., pretest probability), purpose of obtaining the test, and likelihood of false-positive and false-negative results.

Interpretation of Positive and Negative Drug of Abuse Test Results

A true positive initial screening test means that the drug of abuse or metabolite of interest was present at or above the threshold concentration at the time the sample was obtained. The presence of a drug of abuse or metabolite does not necessarily indicate active intoxication, as drugs may be detected at levels that cause no clinical effects. The period after an ingestion during which a test remains positive for a substance varies by drug, but typically begins within minutes of consumption and lasts for days. Many assays, particularly immunoassays, can yield false-positive results if specific cross-reacting medications or drugs are present in the sample.

A true negative initial screening test means that at the time the sample was obtained, the drug of abuse or metabolite of interest was not present at or above the threshold concentration. Individuals with a negative drug screen may have used the drug of abuse in the past, may be currently intoxicated with a drug not detected by the drug screen, and in rare cases may have a physiologically meaningful quantity of the drug present. False-negative results for drug of abuse testing can occur for many reasons, but the most common cause is failure of the test to detect a drug in the given class whose chemical structure renders it unreactive with the assay.

False Positive Results

Some immunoassays can yield false-positive results if specific cross-reacting medications or drugs are present in the sample. Some examples of cross-reacting substances include the following:

- False-positive amphetamine results: Pseudoephedrine, ephedrine, phenylephrine, and other commonly used medications (e.g., propranolol, atenolol, bupropion, levodopa, carbidopa)
- False-positive opioid results: Poppy seed ingestion (e.g., bagels, pastries)
- False-positive benzodiazepine results: (e.g., Oxaprozin)
- False-positive phencyclidine (PCP) results: Over-the-counter cold medications (e.g., doxylamine, dextromethorphan), tramadol

- False-positive cannabinoid/marijuana results: Hemp-containing food products; rare medication exposures (e.g., Marinol [dronabinol])

A confirmatory test is used specifically because false-positive drug of abuse results are known to occur with initial tests, and the confirmatory test substantially improves accuracy.

False Negative Results

False-negative results for drug of abuse testing can occur for many reasons, including improper specimen collection, transport, or testing procedures. In addition, patients may use a variety of methods to sabotage drug testing e.g.: Ingestion of large amounts of water to dilute the urine and decrease the drug concentration below the detection threshold; ingestion of masking agents intended to hide the presence of the drug of abuse; addition of adulterants intended to prevent detection of the drug of abuse; substitution of a drug-free urine sample obtained from another individual or synthetic urine.

The most common cause of a false-negative drug screen is failure of the test to detect a drug in the given class whose chemical structure renders it unreactive with the assay. As an example, most opioid screening tests fail to detect meperidine. Instead, a specific test to detect meperidine or its metabolites would be needed for detection.

Examples of false-negative results:

- Amphetamine screens do not routinely detect MDMA (Ecstasy) or methamphetamine. A patient may be using or actively intoxicated with methamphetamine, but depending on the assay used, the amphetamine drug test result may be negative.
- Ketamine is a widely misused drug not included on most routine drug screens. A patient may be using or intoxicated with ketamine, but the drug would not be detected by routine screening in most instances.
- Many commonly misused drugs, such as gamma hydroxybutyrate (GHB), lysergic acid diethylamide (LSD), designer amphetamines (e.g., ephedrine, mephedrone, MDPV), some synthetic cannabinoids, and tryptamines (e.g., DMT, MEO, DeoMT), are not detected by many commonly used drug screening assays.

An important distinction exists between drug testing in the Federal workplace and drug testing in the clinical setting. The Federal workplace drug testing guidelines and cutoff concentrations continue to influence clinical drug testing. Initial screening tests cutoff may not be low enough to detect drugs of abuse in clinical practice. Testing of alternate samples, such as hair and meconium, is conducted in laboratories using methodology ordinarily used for urine samples, but with lower thresholds.

The content of drug screens used when testing for drugs of abuse vary and clinicians should know what is included in tests available to them. There are numerous point-of-care (POC) tests for detecting drugs of abuse. Their ease of use (no instruments are required), rapid results, and ease of interpretation are considered major benefits.

References:

1. https://www.uptodate.com/contents/testing-for-drugs-of-abuse-doas?search=false%20positive%20drug%20screen&source=search_result&selectedTitle=2~150&usage_type=default&display_rank=2#H192794595
2. https://store.samhsa.gov/sites/default/files/d7/priv/sma12-4668.pdf

Reminder for quicker determinations of a Prior Authorization use the ePA link for Our Providers: Please click here to initiate an electronic prior authorization (ePA) request

This newsletter is brought to you by the Mercy Care Pharmacy Team. For questions, please email Fanny A Musto (MustoF@mercycareaz.org), Denise Volkov (VolkovD@mercycareaz.org) or Trennette Gilbert (gilbert@mercycareaz.org)