



PREFERRED DRUG LIST UPDATES

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

Additions:

- Asacol Hd Dr 800 Mg Tablet
- Cipro Hc Otic Suspension
- Descovy Tab 120-15mg
- Kerendia Tab 10mg and 20mg (Prior Authorization)
- Livtencity Tab 200mg (Prior Authorization)
- Rezurock Tab 200mg (Prior Authorization)
- Zovirax 5% Cream and Zovirax Oint 5% (Quantity Limit)

Removals:

- Acyclovir Oint 5%

Other Updates

- None

Behavioral Health (Title 19/21 Non-SMI & 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>
 - [Behavioral Health Preferred Drug List](#): For members who qualify under Non-Title 19/21 determined to have a serious mental illness (SMI) or Non-Title 19/21 children/adolescents 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 County. The medications on this list will help stabilize an individual in crisis and bridge them to a follow-up outpatient appointment.
 - ACC, DD, ALTCS and DCSCHP: <https://www.mercycareaz.org/providers/completecure-forproviders/pharmacy>

Charles Bonnet Syndrome

The broad range of possible diagnoses in elderly patients presenting with visual disturbance often prompts an extensive diagnostic evaluation. Charles Bonnet syndrome (CBS) is a disease in which visual hallucinations occur because of vision loss. CBS is not thought to be related to psychosis or dementia, and people with CBS are usually aware that their hallucinations are not real. While up to 38% of people with vision loss are estimated to experience hallucinations, the incidence may be higher due to underreporting, making CBS a widespread disease. In some cases, the hallucinations go away or become less frequent as the brain adapts to the loss of vision. Research suggests that many people with CBS do not consult their doctors for fear of being diagnosed with a mental illness or disorder, such as dementia.

Beth Israel Deaconess Medical Center in Boston reported on three cases of Charles Bonnet Syndrome (CBS) in elderly patients presenting with visual hallucinations. The syndrome is classically characterized by a triad of complex visual hallucinations in a patient with ocular pathology causing visual deterioration in the setting of preserved cognition. Affected patients have a normal sensorium with no psychosis or apparent organic cause and are invariably aware that the images are not real. The syndrome most often occurs in elderly patients with cataracts or macular degeneration but can rarely occur in younger patients and those with pathology involving optic pathways. The cause is uncertain but is speculated to involve increased excitability of the visual cortex in the setting of reduced or absent stimulation of the visual system. Various treatments are under investigation, but none is universally accepted. Patients with a clear clinical diagnosis of CBS do not require an extensive diagnostic evaluation in the ED or hospital admission. Education and reassurance are advised, with follow-up by a neurologist. The natural course is variable, with hallucinations resolving over a few days in some patients but persisting until vision improves or is completely lost in others. All three patients in this series were elderly women. Two had a history of cataract surgery (one week and six months prior to the onset of hallucinations), and the third had cataracts and macular degeneration. Providers are advised to be aware of the possibility of Charles Bonnet Syndrome in patients presenting with visual hallucinations.

Reyvow (Lasmiditan)- Serotonin 5HT_{1F} Receptor Agonist (prior authorization required)

REYVOW is a medication to treat migraine attacks and is a federally controlled substance (C-V) because it contains lasmiditan that can be abused. Usual dose 50 to 100 mg as a single dose, one dose per 24 hours. Do not administer lasmiditan unless patient can wait at least 8 hours between dosing and operating heavy machinery or driving. Repeat doses have not demonstrated efficacy. Reyvow is only indicated for the acute treatment of migraine; not indicated for prevention. Acute migraine agents (e.g., 5-HT₁ agonists, opioids, ergotamine, or a combination of the agents) used for ≥ 10 days per month may lead to worsening of headaches (medication overuse headache); withdrawal treatment may be necessary in the setting of overuse. Potentially life-threatening serotonin syndrome (SS) has occurred in patients receiving lasmiditan without any other drugs associated with SS. SS may also occur when used in combination with other serotonergic agents (e.g., selective serotonin reuptake inhibitors, serotonin-norepinephrine reuptake inhibitors, triptans, tricyclic antidepressants, fentanyl, lithium, tramadol, buspirone, St. John's wort, tryptophan) or agents that impair metabolism of serotonin (e.g., monoamine oxidase inhibitors [MAOIs] intended to treat psychiatric disorders, other MAOIs [i.e., linezolid and IV

methylene blue]). Monitor patients closely for signs of SS, such as mental status changes (e.g., agitation, hallucinations, delirium, coma), autonomic instability (e.g., tachycardia, labile BP, diaphoresis), neuromuscular changes (e.g., tremor, rigidity, myoclonus), GI symptoms (e.g., nausea, vomiting, diarrhea), and/or seizures. Discontinue treatment (and any concomitant serotonergic agent) immediately if signs/symptoms arise.

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

References:

1. <https://facty.com/ailments/body/understanding-charles-bonnet-syndrome/2/>
2. https://www.micromedexsolutions.com/micromedex2/librarian/CS/10FA8B/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYNC/AF99B3/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.IntermediateToDocumentLink?docId=FMA130221 &contentSetId=69 &title=CHARLES+BONNET+SYNDROME%3A+THREE+CASES+IN+THE+EMERGENCY+DEPARTMENT&servicesTitle=CHARLES+BONNET+SYNDROME%3A+THREE+C
3. Reyvow (lasmiditan) [prescribing information]. Indianapolis, IN: Lilly USA LLC; December 2021

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