

## PREFERRED DRUG LIST UPDATES

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

#### **Additions:**

- Alkeran 2mg Tablet (Prior Authorization Required)
- Androgel 1% (25 Mg/2.5 G) and 1% (50 Mg/5 G) Pkt (Prior Authorization Required)
- Androgel 1.62% Gel Pump (Prior Authorization Required)
- Androgel 1.62% (1.25g) and 1.62% (2.5g) Gel Pckt (Prior Authorization Required)
- Apriso ER 0.375 Gram Capsule
- Brinzolamide Sus 1% (Step Therapy Required)
- Canasa 1,000mg Suppository
- Delzicol Dr 400mg Capsule
- Gammaked Solution 10 GM/100mL (Prior Authorization Required)
- Gleevec 100mg and 400mg Tablet (Prior Authorization Required)
- Hizentra 1 Gram/5ml Syringe, 2 Gram/10ml Syringe, 4 Gram/10ml Syringe (Prior Authorization Required)
- Invokamet 150-500mg and 150-1,000mg Tablet (Prior Authorization Required)
- Invokamet 50-500mg Tablet and 50-1,000mg Tablet (Prior Authorization Required)
- Lialda Dr 1.2gm Tablet
- Nivestym 300mcg/0.5ml Syringe (Prior Authorization Required)
- Nivestym 480mcg/0.8ml Syringe (Prior Authorization Required)
- Nyvepria 6mg/0.6ml Syringe (Prior Authorization Required)
- Ofloxacin 0.3% Ear Drops
- Privigen 10 GM/100mL Vial (Prior Authorization Required)
- Privigen 10% Vial (Prior Authorization Required)
- Privigen 20 GM/200mL Vial (Prior Authorization Required)
- Privigen 5 GM/50mL Vial (Prior Authorization Required)
- Sfrowasa 4gm/60ml Enema
- Synjardy 5-500mg, 5-1,000mg, 12.5-500mg and 12.5-1,000mg Tablet (Prior Authorization Required)
- Trijardy XR 5-2.5-1,000mg, 10-5-1,000mg, 12.5-2.5-1,000mg and 25-5-1,000mg Tab (Prior Authorization Required)
- Trulicity 0.75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml and 4.5mg/0.5ml Pen (Prior Authorization Required)
- Xigduo XR Tab (Prior Authorization Required)
- Xigduo XR 5mg-500mg and 10mg-500mg Tablet (Prior Authorization Required)
- Xigduo XR 2.5mg-1,000mg, 5mg-1,000mg and 10mg-1,000mg Tab (Prior Authorization Required)

#### **Removals:**

- Azopt Sus 1%
- Balsalazide Disodium 750mg Cp
- Bivigam 5 GM/50mL Vial
- Dipentum 250mg Capsule
- Gamastan S-D Vial

- Imatinib Mesylate 100mg and 400mg Tablet
- Mesalamine 1,000mg Suppository
- Mesalamine 4 gm/60ml Enema
- Mesalamine 800 mg DR Tablet
- Mesalamine DR 1.2gm Tablet
- Mesalamine DR 400mg Capsule
- Mesalamine ER 0.375 Gram Capsule
- Santyl Ointment 250u/gm
- Testosterone 1% (25 Mg/2.5 G) and 1% (50 Mg/5 G) Pkt
- Testosterone 1.62% Gel Pump
- Testosterone 1.62% (1.25g) and 1.62% (2.5g) Gel Pckt
- Testosterone 12.5mg/1.25 Gram
- Testosterone 30mg/1.5ml Pump

**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 DCS CHP: <https://www.mercycareaz.org/providers/completecare-forproviders/pharmacy>

**Important news regarding Department of Child Safety (DCS) and Mercy Care**

- The Department of Child Safety (DCS) has contracted with Mercy Care, effective **April 1, 2021**, to manage the physical, dental, and behavioral health services for children in child welfare. Currently this is known as the Comprehensive Medical and Dental Program, CMDP. **Beginning April 1, 2021, all Arizona children in foster care will receive all their covered services from a single health plan.**
- The new health plan will be called Mercy Care Department of Child Safety Comprehensive Health Plan, or **Mercy Care DCS CHP. The Mercy Care DCS CHP name will replace the CMPD name beginning April 1, 2021. This model will replace the existing model, in which CMDP delivers physical and dental care and the Regional Behavioral Health Authorities (RBHAs) provided behavioral health care.**

- Mercy Care DCS CHP will offer physical, dental, and behavioral health services together to treat all aspects of our members' health care needs under one health plan.
- Member Services and Pharmacy Prior Authorizations for Mercy Care DCS-CHP can be contacted at **602-212-4983** or toll free **833-711-0776**
- Pharmacy Prior Authorizations can be sent electronically through CoverMyMeds or faxed to **800-854-7614**.

### **Practice Parameter for the use of Antipsychotic Medications in Children and Adolescents**

Evaluating the use of atypical antipsychotic for children with schizophrenia, bipolar disorder, pervasive developmental disorders, or disruptive behavior disorders recommend that parents carefully consider the potential risks and benefits. Children with those disorders should receive comprehensive treatment, which includes cognitive behavioral therapy, parent management training, and specialized educational programs, along with any potential drug therapy.

Important considerations when choosing drug therapy include potential side effects and whether the medication has been shown to be effective for a child's most prominent condition or symptoms. Second generation antipsychotics i.e.: risperidone, aripiprazole, quetiapine, olanzapine, and ziprasidone are approved for limited pediatric use. When deciding the use of second-generation antipsychotic medications consider their significant adverse effects. A review of clinical trials using atypical antipsychotic agents with children and adolescents revealed that these medications can cause weight gain and drowsiness and increase the risk of developing hyperglycemia, hyperlipidemia, hyperprolactinemia, and diabetes ([De Hert, Dobbelaere, Sheridan, Cohen, & Correll, 2011](#)). Cases of drooling also have been reported ([McCracken et al., 2002](#)). One study comparing the effects of risperidone to olanzapine found that preschool children gained an average of 6 lb. over 6 weeks ([Biederman et al., 2005](#)).

Recommended assessments before initiating antipsychotic medications, pediatric providers need to obtain baseline measures of the child's body mass index, liver function, blood pressure, and lipids and then monitor these indicators regularly. During visits, providers should talk with the parent or caregiver and the child to understand their perceptions of the treatment, the extent to which it is helping manage behavioral symptoms, and their satisfaction with the medication.

**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://www.ncbi.nlm.nih.gov/pmc/articles/PMC3778027/>Antipsychotic Prescribing Trends in Children and Adolescents
2. [https://www.aacap.org/App\\_Themes/AACAP/docs/practice\\_parameters/Atypical\\_Antipsychotic\\_Medications\\_Web.pdf](https://www.aacap.org/App_Themes/AACAP/docs/practice_parameters/Atypical_Antipsychotic_Medications_Web.pdf)

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