

# December Pharmacy Newsletter



## PREFERRED DRUG LIST UPDATES

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

#### **Additions:**

- Histex PD Liquid 0.938mg/MI (OTC)
- Flonase Nasal Suspension 50mcg/act
- Accutane Cap 10mg, 20mg, 30mg and 40mg
- Amnesteem Cap 10mg, 20mg and 40mg

#### **Removals:**

- None

#### **Other Updates**

- None

### Behavioral Health (Non-Title 19/21)

#### **Additions:**

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#### **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>

## Updated Clinical Practice Guideline for prescribing opioids for pain

The 2022 Clinical Practice Guideline (updated from 2016) were developed because CDC recognized that clinicians need current recommendations for prescribing opioids to improve pain management and patient safety. The 2022 Clinical Practice Guidelines include 12 recommendations that can be

summarized by the following 4 actions: 1) determining whether to initiate opioids for pain, 2) selecting opioids and determining opioid dosages, 3) deciding duration of initial opioid prescription and conducting follow-up, and 4) assessing risk and addressing potential harms of opioid use. The guidelines focus on pain care for outpatients aged 18 years or older with acute pain (duration less than 1 month), subacute pain (duration of 1-3 months), or chronic pain (duration of more than 3 months).

Nonopioid therapies are at least as effective as opioids for many common types of acute pain. However, there is an important role for opioid therapy for acute pain related to severe traumatic injuries (such as crush injuries and burns) and invasive surgeries. Nonopioid therapies are also preferred for subacute and chronic pain. Nonopioid therapies include: Nonopioid medications such as acetaminophen, non-steroidal anti-inflammatory drugs (NSAIDs), and selected antidepressants (duloxetine) and anticonvulsants (gabapentin); Physical treatments (heat therapy, acupuncture, spinal manipulation, remote electrical neuromodulation, massage, exercise therapy, weight loss); Behavioral treatment (cognitive behavior therapy, mindfulness-based stress reduction). Clinicians should maximize the use of these therapies as appropriate for the specific condition and patient and only consider initiating opioid therapy if expected benefits for pain and function are anticipated to outweigh risks to the patient.

If opioids are deemed to be clinically necessary for acute, subacute, or chronic pain, clinicians should initially prescribe immediate-release opioids (morphine, oxycodone, or hydrocodone) instead of extended-release (methadone or transdermal fentanyl) and long-acting (ER/LA) opioids. Since the benefits and the risks of opioid therapy change over time for an individual, use should be re-evaluated periodically. If opioids are continued for subacute or chronic pain, clinicians should be aware that many patients do not experience benefit in pain or function from increasing opioid dosages to  $\geq 50$  MME/day. Clinicians should carefully weigh benefits and risks and exercise care when changing opioid dosages/forms/products and regularly assess benefits and risks.

It is important to note that opioid therapy should not be discontinued abruptly, and clinicians should not rapidly reduce opioid dosages from higher dosages. Longer durations of previous opioid therapy might require longer tapers. The rate of tapering should be individualized based on the patient's clinical situation. Tapers of approximately 10% per month or slower are likely to be better tolerated than more rapid tapers when patients have been taking opioids for longer durations ( $\geq 1$  year). When patients have taken opioids for shorter durations (weeks to months), a decrease of 10% of the original dose per week or slower (until approximately 30% of the original dose is reached, followed by a weekly decrease of approximately 10% of the remaining dose) is less likely to trigger withdrawal symptoms.

Overall, the new 2022 Clinical Practice Guideline emphasize flexibility and encourage individualized opioid and nonopioid options to promote overarching principles of safe and effective pain treatment rather than focusing on specific dosage thresholds.

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.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm>
2. <https://www.cdc.gov/opioids/healthcare-professionals/prescribing/guideline/at-a-glance.html>
3. <https://www.cdc.gov/opioids/healthcare-professionals/prescribing/guideline/whats-changed.html>
4. <https://www.cdc.gov/opioids/healthcare-professionals/prescribing/guideline/whats-new.html>

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