PREFERRED DRUG LIST UPDATES

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

Additions:
- Dexcom G5 Mis Receiver (Prior Authorization, Quantity Limit)
- Dexcom G5 Mis Transmit (Prior Authorization, Quantity Limit)
- Dexcom G6 Mis Receiver (Prior Authorization, Quantity Limit)
- Dexcom G6 Mis Sensor (Prior Authorization, Quantity Limit)
- Dexcom G6 Mis Transmit (Prior Authorization, Quantity Limit)
- Freestyle 10 Reader Libre (Prior Authorization, Quantity Limit)
- Freestyle 10 Sen Libre (Prior Authorization, Quantity Limit)
- Freestyle 14 Reader Libre (Prior Authorization, Quantity Limit)
- Freestyle 14 Reader Libre 2 (Prior Authorization, Quantity Limit)
- Freestyle 14 Sen Libre (Prior Authorization, Quantity Limit)
- Freestyle 14 Sen Libre 2 (Prior Authorization, Quantity Limit)
- G5/G4 Plati Mis Sensor (Prior Authorization, Quantity Limit)
- Paxlovid tablet pack (Quantity Limit)
- Molnupiravir cap 200mg (Quantity Limit)

Removals:
- None

Other Updates:
- Levocetirizine 5mg tablets (Quantity Limit Added)
- Promethazine syrup (Quantity Limit Added)

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](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.

Mercy Care Pharmacy Services February 2022
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](https://www.mercycareaz.org/providers/completecare-forproviders/pharmacy)

Antipsychotic-associated weight gain: management strategies and impact on treatment adherence

Many factors contribute to weight gain in patients with schizophrenia or psychosis. Sedentary lifestyle, unhealthy food habits, genetic susceptibility and antipsychotic treatment are considered the main contributors. Antipsychotic-induced weight gain (AIWG) is an important concern in the management of patients treated for psychosis. It has been shown that weight gain and obesity lead to increased cardiovascular and cerebrovascular morbidity and mortality, reduced quality of life and poor drug compliance. Most antipsychotics cause weight gain. The risk appears to be highest with olanzapine and clozapine. Weight increases rapidly in the initial period after starting antipsychotics. Children appear to be particularly vulnerable to antipsychotic-induced weight gain. Tailoring antipsychotics according to the needs of the individual and close monitoring of weight and other metabolic parameters are the best preventive strategies at the start. Switching to an agent with lesser tendency to cause weight gain is an option but carries the risk of relapse of the illness.

In addition to weight gain, antipsychotics are also known to impair glucose metabolism, increase cholesterol and triglyceride levels and cause arterial hypertension, leading to metabolic syndrome. Metabolic syndrome increases the risk of diabetes mellitus and cardiovascular illness.

Multiple mechanisms have been proposed to explain the weight gain propensity of antipsychotics. Amount of weight gain varies with the type of antipsychotic and the individual patient characteristics. Most research has focused on clozapine and olanzapine, the two medications identified to cause the highest weight gain. The high likelihood of weight gain with these medications has been linked to their actions at serotonin 5-HT2A and 5-HT2C, dopamine D2 and D3, histamine H1 and muscarinic M3 receptors. The differential effects on weight have been explained by the differing affinity of medications at these receptors.

Nonpharmacologic interventions of dietary counseling, exercise programs and cognitive and behavioral strategies appear to be equally effective in individual and group therapy formats. Both nonpharmacologic prevention and intervention strategies have shown modest effects on weight. Combination of interventions may be helpful. Interventions should be tailored according to individual needs. Preventing weight gain in patients treated with antipsychotics should be considered a priority.

Table 1 ranks the Antipsychotics according to likelihood of causing weight gain. The attached PDF is a Comparison of Atypical Antipsychotics from: Clinical Resource, Comparison of Atypical Antipsychotics. Pharmacist’s Letter/Prescriber’s Letter. May 2021. [370508]
Table 1

Likelihood of weight gain with antipsychotics

<table>
<thead>
<tr>
<th>Antipsychotic</th>
<th>Propensity to cause weight gain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clozapine</td>
<td>High</td>
</tr>
<tr>
<td>Olanzapine</td>
<td>High(^b)</td>
</tr>
<tr>
<td>Chlorpromazine</td>
<td>Moderate</td>
</tr>
<tr>
<td>Quetiapine</td>
<td>Moderate(^b)</td>
</tr>
<tr>
<td>Risperidone</td>
<td>Moderate(^b)</td>
</tr>
<tr>
<td>Paliperidone</td>
<td>Moderate</td>
</tr>
<tr>
<td>Aripiprazole</td>
<td>Low(^c)</td>
</tr>
<tr>
<td>Amisulpride</td>
<td>Low(^c)</td>
</tr>
<tr>
<td>Asenapine</td>
<td>Low</td>
</tr>
<tr>
<td>Haloperidol</td>
<td>Low(^d)</td>
</tr>
<tr>
<td>Ziprasidone</td>
<td>Low(^d),(^d)</td>
</tr>
<tr>
<td>Lurasidone</td>
<td>Low(^d)</td>
</tr>
</tbody>
</table>

Notes:

\(^a\)Significantly greater increase in weight at >38 weeks, when compared with <6 weeks period in both antipsychotic previously prescribed and naïve groups in the meta-analysis by Bak et al.\(^1\)

\(^b\)Significant weight gain seen in antipsychotic naïve group even <6 weeks in the meta-analysis by Bak et al.\(^2\)

\(^c\)Weight neutral with duration of antipsychotic use in the meta-analysis by Bak et al.\(^3\)

\(^d\)No significant difference in weight when compared with placebo in multiple treatment meta-analysis by Leucht et al.\(^4\). Data from studies\(^9\)–\(^11\),\(^13\)

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)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5574691/) request

References:


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)

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