

PREFERRED DRUG LIST UPDATES

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

Additions:

- Betamethasone Cream 0.05%
- Biktarvy 30-120-15mg
- Clobetasol 0.05% Shampoo
- Delstrigo 100-300-300mg
- Efavirenz/Emtricitabine/Tenofovir DF Tab 600/200/300mg
- Ingrezza 40mg, 60mg and 80mg (Prior Authorization Required)
- Tivicay PD Tab for Suspension 5mg

Removals:

- Concept OB Cap
- Edurant 25mg
- Efavirenz/Lamivudine/Tenofovir
- Intelence 25mg
- Mynatal Tab
- Temixys 300/300mg
- Viread 150mg, 200mg and 250mg
- Zolmitriptan Nasal Spray 2.5mg and 5mg

Other Updates

- Budesonide 0.25mg, 0.5mg and 1mg (Age

Limit Removed)

- Clonazepam ODT 0.125mg, 0.25mg, 0.5mg (Age Limit Removed)
- Clonazepam ODT 1mg and ODT 2mg (Age Limit Removed)
- Juluca 50/25mg (Prior Authorization Removed)
- Symtuza 800/150/200/10mg (Prior Authorization Removed)

Behavioral Health (Title 19/21 Non-SMI & Non-Title 19/21)

Additions:

- Amphetamine/Dextroamphetamine ER 5mg, 10mg, 15mg, 20mg, 25mg and 30mg
- Buprenorphine/Naloxone Film 12-3mg
- Buprenorphine/Naloxone Film 2-0.5mg
- Buprenorphine/Naloxone Film 4-1mg
- Buprenorphine/Naloxone Film 8-2mg
- Dexmethylphenidate ER 5mg, 10mg, 15mg, 20mg, 25mg, 30mg,

- 35mg and 40mg
- Methylphenidate Capsule ER 10mg
- Methylphenidate Capsule ER 20mg
- Methylphenidate Capsule ER 30mg
- Methylphenidate Capsule ER 40mg
- Methylphenidate Tablet ER 18mg
- Methylphenidate Tablet ER 27mg
- Methylphenidate Tablet ER 36mg
- Methylphenidate Tablet ER 54mg

- Ramelteon 8mg (Requires Step Therapy)

Removals:

- Adderall 5 mg, 7.5mg, 10mg, 12.5mg, 15mg, 20mg and 30mg
- Adderall XR 5mg, 10mg, 15mg, 20mg, 25mg, 30mg
- Concerta 18mg, 27mg, 36mg and 54mg
- Focalin XR 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg

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| and 40mg | ○ Suboxone Film 4-1mg | Removed) |
| ○ Ritalin LA 10mg, LA 20mg, LA 30mg and LA 40mg | ○ Suboxone Film 8-2mg | ○ Clonazepam ODT 0.5mg (Age Limit Removed) |
| ○ Rozerem 8mg | Other Updates | ○ Clonazepam ODT 1mg (Age Limit Removed) |
| ○ Suboxone Film 12-3mg | ○ Clonazepam ODT 0.125mg (Age Limit Removed) | ○ Clonazepam ODT 2mg (Age Limit Removed) |
| ○ Suboxone Film 2-0.5mg | ○ Clonazepam ODT 0.25mg (Age Limit | |

** 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>

Kloxxado a new Naloxone Product

Current Naloxone products on the market are available in doses of 4mg intranasal or 0.4mg intramuscularly (IM), compared to new product Kloxxado (naloxone) 8mg nasal spray for opioid overdose. Current evidence does not suggest that Kloxxado is more effective, works quicker or lasts longer. All naloxone forms can be repeated every two to three minutes if needed. However, there are concerns that higher naloxone doses may lead to more severe withdrawal symptoms. Continue discussing the use of naloxone and counseling for opioid use disorder. Recommended language to avoid stigma with the use of naloxone, for example, “naloxone is like a seat belt, it’s there to keep you safe.” Recommend always having two doses on hand and instruct members to teach family and friends about when to give naloxone, how to use and call 911 and seek follow up.

Metabolic Monitoring for Children and Adolescents on Antipsychotics

What?

Metabolic monitoring in children and adolescents receiving antipsychotic therapy is a Healthcare Effectiveness Data and Information Set (HEDIS) quality of care measure. The measure assesses the percentage of children and adolescents from the ages of 1 to 17 years that have had two or more antipsychotic prescriptions and have received metabolic testing during the year.

Three rates are reported for this measure:

- Percentage of patients who received blood glucose testing.
- Percentage of patients who received cholesterol testing.
- Percentage of patients who received both blood glucose and cholesterol testing.

The American Academy of Child and Adolescent Psychiatry Practice Parameter recommends monitoring the following at baseline and regular intervals:

- o Body mass index or weight
- o Blood pressure
- o Fasting blood glucose
- o Fasting lipid profile
- o A screen for movement disorders

Why?

The prescribing rates of atypical antipsychotics in the pediatric population has been increasing. Atypical antipsychotics have been associated with metabolic effects including weight gain, type 2 diabetes mellitus, and hyperlipidemia. These members are at an increased risk for developing poor cardiometabolic outcomes in adulthood.

How?

Mercy Care Health plans are here to support providers and ensure pediatric members can safely receive needed medications. Making baseline and regular monitoring for signs of adverse metabolic effects of antipsychotic therapy part of the care plan is key to minimizing long term risks of these medications.

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://pharmacist.therapeuticresearch.com/Content/Articles/PL/2021/Oct/Compare-Kloxxado-to-Other-Naloxone-Products>
2. Metabolic Monitoring for Children and Adolescents on Antipsychotics. National Committee for Quality Assurance. Updated November 10th, 2021. Accessed November 10th, 2021. <https://www.ncqa.org/hedis/measures/metabolic-monitoring-for-children-and-adolescents-on-antipsychotics/Findling>
3. RL, Drury SS, Jensen PS et al. Practice parameter for the use of atypical antipsychotic medications in children and adolescents. Acad Psychiatry. 2012;31(2):119–121.
4. Singhal S, Kloosterman C, Billian J, Bailey T, Soares N. Most Second-Generation Antipsychotic Prescriptions in Community Practice Are Neither FDA-Approved nor Within Prescribing Guideline Recommendations. J Pediatr Pharmacol Ther. 2021;26(5):460-466. doi:10.5863/1551-6776-26.5.460

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)