

PREFERRED DRUG LIST UPDATES

Integrated (Title 19/21 SMI) and ACC

Additions:

- None

Removals:

- Videx EC Capsule 125mg
- Videx Ped Powder 2gm
- Videx Sol 4mg
- Zaclir Lotion 8%

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>
 - ACC: <https://www.mercycareaz.org/providers/completecure-forproviders/pharmacy>

Drug-Induced Long QT Interval

Long QT interval syndrome (LQTS) results when ion channels and proteins responsible for ventricular repolarization fail to work normally. A long QTc interval is considered to be >470 ms for postpubertal males and >480 ms for postpubertal females. LQTS can be inherited, or acquired, often as a medication side effect. Patients with LQTS are at risk for the arrhythmia known as torsade's de pointes, which can cause cardiac arrest. Fortunately, torsade's de pointes is rare. It is more likely to occur in hospitalized patients because this population tends to have more risk factors. These include advanced age, female gender (2-fold risk), heart disease, LQTS, QTc >500 ms (2- to 3-fold risk), renal or hepatic insufficiency, hypokalemia, hypomagnesemia, hypocalcemia, diuretic use, bradycardia, use of more than one QT-prolonging drug, and rapid intravenous administration of certain medications.¹ The FDA and Health Canada have published guidance for industry on assessing a new drug's QT interval effect. Drug-induced QT prolongation of 10 ms or greater suggests potential for clinically significant QT prolongation.^{2,3}

The following are some antipsychotic drugs may prolong the QT interval or pose a torsade's risk: aripiprazole, clozapine, Fanapt, olanzapine, pimozide, thioridazine, Asenapine, Paliperidone, quetiapine, ziprasidone, chlorpromazine, haloperidol, Latuda, Nuplazid, and risperidone.

Aripiprazole, brexpiprazole, cariprazine, olanzapine, and lurasidone may pose relatively lower torsade's risk vs other antipsychotics based on product labeling and literature review. Risperidone may pose more moderate risk vs higher-risk atypical antipsychotics. A decision support tool is available at <https://medsafetyscan.org/>.

Medication Disposal Guide During COVID-19

Medicines that are no longer needed or used should be disposed of through "Take-back" programs if available. Otherwise, most medicines can be thrown in the trash, after you take certain steps. Here are some tips for disposing of medicines.

Use a take-back program, where you bring medicines to a location for disposal. Check with local police department to find one near you. The website <http://disposemy meds.org/medicine-disposal-locator/> will help find pharmacies with medication disposal programs in areas.

Follow disposal instructions on the drug label or in the patient information that comes with medicine. Do not flush medicines down the toilet unless information says to. It can be bad for the environment. However, some medicines such as fentanyl patches or strong pain pills should be flushed down the toilet if a take-back program is not available. They can be deadly when misused. Check with your pharmacist if unsure. Throw medicine in the trash if disposal instructions are not given and you cannot find a take-back program in the area. But first provide this information:

1. Take medications out of its original container.
2. Mix it with used coffee grounds, dirt, or kitty litter. This will have less appeal to kids and pets. Plus, people going through trash are less likely to see the medicine.
3. Put the mixture in a bag, empty can, or other container that can be sealed. This will prevent it from leaking out of a garbage bag.
4. Place the container in the trash.

References:

1. Drew BJ, Ackerman MJ, Funk M, et al. Prevention of torsade de pointes in hospital settings: a scientific statement from the American Heart Association and the American College of Cardiology Foundation. *J Am Coll Cardiol* 2010; 55:934-47.
2. U.S. Food and Drug Administration. Guidance for industry. E14 clinical evaluation of QT/QTc interval prolongation and proarrhythmic potential for non-antiarrhythmic drugs. October 2005. <https://www.fda.gov/media/71372/download>. (Accessed June 27, 2020).
3. Health Canada. Adoption of International Conference on Harmonization of Technical Requirements for the Registration of Pharmaceuticals for Human Use (ICH) guidance: E14 questions and answers (R3): the clinical evaluation of QT/QTc interval prolongation and proarrhythmic potential for non-antiarrhythmic drugs. June 10, 2016. https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/dhp-mps/alt_formats/pdf/prodpharma/applic-demande/guide-ld/ich/efficac/e14r3-qa-gr-step-4-etape-eng.pdf. (Accessed June 27, 2020).
4. <https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines>.
5. https://www.deadiversion.usdoj.gov/drug_disposal/fact_sheets/disposal_public_06222018.pdf

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 R Gilbert (gilbert@mercycares.org)