



## PREFERRED DRUG LIST UPDATES

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

**Additions:**

- None

**Removals:**

- BP FOAM AER 9.8%

**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>
    - [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>

## ATYPICAL ANTIPSYCHOTIC USE IN PATIENTS WITH DEMENTIA: MANAGING SAFETY CONCERNS

In the elderly population, the largest number of prescriptions for atypical antipsychotics is written for the neuropsychiatric symptoms (NPS) of dementia. NPS (e.g., delusions, depression, agitation) affect up to 97% of people with dementia over the course of their illness. There are no atypical antipsychotics that are FDA-approved for the treatment of any NPS in dementia.

The decision to initiate an atypical antipsychotic in the elderly with dementia is not one to be taken lightly. Large scale meta-analyses of clinical trials have consistently demonstrated an increased risk of mortality with their use in dementia. All atypical antipsychotics carry a black box warning from the FDA

about this risk, and a similar warning applies to conventional antipsychotics. Atypical antipsychotics are also linked to a 2-3-fold higher risk of cerebrovascular events (CVAE). The 2019 American Geriatric Society (AGS) Beers consensus criteria for safe medication use in the elderly recommend avoiding antipsychotics to treat NPS of dementia due to the increased mortality and CVAE risk “unless nonpharmacological options have failed, and patient is threat to self or others”. Additional adverse effects include cardiovascular and metabolic effects, extrapyramidal symptoms, cognitive worsening, infections and falls. In one study of patients in long-term care facilities, those taking atypical or conventional antipsychotics were at increased risk for preventable adverse events and these events occurred most often at the ordering or monitoring stages. Rochon et al found that among community-dwelling adults with dementia, those prescribed an atypical antipsychotic were 3.2 times more likely to be hospitalized or die during the 30 days of follow-up. A similar but less pronounced pattern was noted among those living in a nursing home.

### **Announcement: Martin Hopkins Calculation for LDL-C**

Beginning Monday, April 26, Sonora Quest Laboratories will transition its current calculated LDL-C to the new Martin-Hopkins equation. This transition will result in greater accuracy and assessing concentrations of LDL-C and remove the necessity for patient fasting prior to the test. Please refer to the Martin-Hopkins calculation information sheet located at [https://www.sonoraquest.com/media/11700/ldl-c\\_martin-hopkins-calculation\\_0421.pdf](https://www.sonoraquest.com/media/11700/ldl-c_martin-hopkins-calculation_0421.pdf) for further information on this update.

The advantages of the Martin Hopkins ensure identification of at-risk patients:

- Improved accuracy in assessing LDL-C levels in patients with very high or low LDL-C levels regardless of TG levels between 150 mg/dL and 400 mg/dL
- Comparable to a direct LDL-C measurement

**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://pubmed.ncbi.nlm.nih.gov/30693946/> Highlights From the 2019 AGS Beers Criteria Updates
2. Gurwitz JH, Field TS, Judge J, Rochon P, Harrold LR, Cadoret C, Lee M, White K, LaPrino J, Erramuspe-Mainard J, DeFloria M, Gavendo L, Auger J, Bates DW. The incidence of adverse drug events in two large academic long-term care facilities. *Am J Med.* 2005;118:251–258. [[PubMed](#)] [[Google Scholar](#)]
3. Rochon PA, Normand SL, Gomes T, Gill SS, Anderson GM, Melo M, Sykora K, Lipscombe L, Bell CM, Gurwitz JH. Antipsychotic therapy and short term serious events in older adults with dementia. *Arch Int Med.* 2008;168:1090–1096. [[PubMed](#)] [[Google Scholar](#)]

***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))***