

## PREFERRED DRUG LIST UPDATES

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

#### **Additions:**

- Novolin R
- Novolin N
- Novolin 70/30 Mix
- Bortezomib For Inj 3.5 Mg (Prior Authorization)
- Lacosamide Tab 50Mg, 100 Mg (Prior Authorization)

- Lacosamide Tab 150 Mg, 200 MG (Prior Authorization)
- Short acting opioids and opioid combinations (Quantity Limit)

#### **Removals:**

- Velcade For Inj 3.5mg
- Vimpat Tab 50 mg, 100mg, 150mg and 200mg

#### **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/completecure-forproviders/pharmacy>

## **What is Tardive dyskinesia (TD)**

A severe, often irreversible movement disorder caused by prolonged exposure to certain medications. The clinical manifestations of TD include abnormal movements of the tongue, lips, face, trunk, and extremities. The involuntary and pronounced nature of TD symptoms can cause functional impairment and worsening of stigma, and it may contribute to social isolation and overall schizophrenia burden. Crucial for prevention is identifying members at risk for TD.

Guidance as alternative method to manage condition for example include dose reduction, discontinuation of offending medication, or switching to alternative agent such as atypical antipsychotic. Link for prior authorization guidance:

<https://www.mercycareaz.org/assets/pdf/acc-members/pharmacy/Guidelines/Mercy-Care-Guideline.pdf>

## **Recommendations for Managing Tardive Dyskinesia (TD) Among Patients With Schizophrenia**

The 2021 American Psychiatric Association (APA) practice guideline update on this topic reflects the advancements in pharmacologic and psychosocial treatments that have emerged over the past 15 years. The APA practice guidelines include three key categories of recommendations for healthcare providers: (1) assessment and determination of a treatment plan, (2) pharmacotherapy, and (3) psychosocial interventions.

A cornerstone of treatment in members with schizophrenia is the use of evidence-based antipsychotic medications. Although highly effective in treating the positive symptoms of schizophrenia for many members, persistent negative or cognitive symptoms and/or medication-related complications such as adverse events tend to be the rule rather than the exception.

## **Assessment and Management Guideline Recommendations From the American Psychiatric Association (APA)**

APA recommends the initial assessment of a patient with a possible psychotic disorder include the reason the individual is presenting for evaluation; the patient's goals and preferences for treatment; a review of psychiatric symptoms and trauma history; an assessment of tobacco use and other substance use; a psychiatric treatment history; an assessment of physical health; an assessment of psychosocial and cultural factors; a mental status examination, including cognitive assessment; and an assessment of risk of suicide and aggressive behaviors.

The initial psychiatric evaluation of a patient with a possible psychotic disorder include a quantitative measure to identify and determine the severity of symptoms and impairments of functioning that may be a focus of treatment.

Patients with schizophrenia have a documented, comprehensive, and person-centered treatment plan that includes evidence-based nonpharmacological and pharmacological treatments.

## **Pharmacotherapy Guideline Recommendations From the American Psychiatric Association (APA)**

APA recommends patients with schizophrenia be treated with an antipsychotic medication and monitored for effectiveness and side effects. Patients with schizophrenia whose symptoms have improved with an antipsychotic medication continue to be treated with an antipsychotic medication. Patients with schizophrenia whose symptoms have improved with an antipsychotic medication continue to be treated with

the same antipsychotic medication. Patients with treatment-resistant schizophrenia should have a trial treatment with clozapine. APA recommends patients with schizophrenia be treated with clozapine if the risk for suicide attempts or suicide remains substantial despite other treatments. APA suggests patients with schizophrenia be treated with clozapine if the risk for aggressive behavior remains substantial despite other treatments. APA suggests patients receive treatment with a long-acting injectable antipsychotic medication if they prefer such treatment or if they have a history of poor or uncertain adherence. These guidelines should be implemented in the context of a person-centered treatment plan that includes evidence-based nonpharmacological and pharmacological treatments for schizophrenia.

APA recommends patients who have acute dystonia associated with antipsychotic therapy be treated with an anticholinergic medication.

APA suggests the following options for patients who have parkinsonism associated with antipsychotic therapy: lowering the dosage of the antipsychotic medication, switching to another antipsychotic medication, or treating with an anticholinergic medication.

APA suggests the following options for patients who have akathisia associated with antipsychotic therapy: lowering the dosage of the antipsychotic medication, switching to another antipsychotic medication, adding a benzodiazepine medication, or adding a beta-adrenergic blocking agent.

APA recommends patients who have moderate to severe or disabling tardive dyskinesia associated with antipsychotic therapy be treated with a reversible inhibitor of the vesicular monoamine transporter 2 (VMAT2).

### **Psychosocial Interventions Recommended by APA**

APA recommends patients with schizophrenia who are experiencing a first episode of psychosis be treated in a coordinated specialty care program. Patients with schizophrenia be treated with cognitive-behavioral therapy for psychosis (CBTp). Patients with schizophrenia receive psychoeducation. Patients with schizophrenia receive supported employment services. Patients with schizophrenia receive assertive community treatment if there is a history of poor engagement with services leading to frequent relapse or social disruption (e.g., homelessness; legal difficulties, including imprisonment).

APA suggests patients with schizophrenia who have ongoing contact with family receive family interventions. Patients with schizophrenia receive interventions aimed at developing self-management skills and enhancing person-oriented recovery. Patients with schizophrenia receive cognitive remediation. Patients with schizophrenia who have a therapeutic goal of enhanced social functioning receive social skills training. Patients with schizophrenia be treated with supportive psychotherapy.

### **References:**

1. American Psychiatric Association. The American Psychiatric Association practice guideline for the treatment of patients with schizophrenia. 3rd edition. [psychiatryonline.org/doi/pdf/10.1176/appi.books.9780890424841](https://doi.org/10.1176/appi.books.9780890424841). Accessed May 31, 2022.
2. American Psychiatric Association. Treatment of patients with schizophrenia: tardive dyskinesia pocket guide. [guidelinecentral.com/guideline/307794/pocket-guide/1062063](https://www.guidelinecentral.com/guideline/307794/pocket-guide/1062063). Accessed May 31, 2022.

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