May Pharmacy Newsletter

PREFERRED DRUG LIST UPDATES

Integrated (Title 19/21 SMI) and ACC

Additions:

- Dexameth Pho Inj 20mg/5ml
- Dexameth Pho Mdv 10mg/ml
- Dexameth Pho Via 120mg/30
- Dexamethason Via 10mg/ml
- Dexamethason Via 4mg/ml
- Everolimus Tab 0.25mg (Prior Authorization Required)
- Everolimus Tab 0.5mg (Prior Authorization Required)
- Everolimus Tab 0.75mg (Prior Authorization Required)
- Pyrimethamine Tab 25mg (Prior Authorization Required)

Removals:

- Daraprim Tab 25mg
- Zortress Tablet 0.25mg
- Zortress Tablet 0.5mg
- Zortress Tablet 0.75mg

Other Updates

- *None*

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

Additions:

- None

Removals:

- 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: https://www.mercycareaz.org/providers/rbha-forproviders/pharmacy
  - ACC: https://www.mercycareaz.org/providers/completecare-forproviders/pharmacy

A brief overview of Medical Comorbidities and Medications affecting SMI population in this pandemic

Patients with SMI are particularly vulnerable to COVID-19 due to generally being in worse physical health than the general population. They typically delay seeking medical care for various reasons and have more medical comorbidities such as hypertension and diabetes (1). In addition to the widely recognized risk factors for COVID-19—diabetes, chronic obstructive pulmonary disease (COPD), and cardiovascular disease (CVD)—the American College of Cardiology also identified obesity and hypertension as risk factors for viral respiratory illnesses, including COVID-19 (2). CVD and its risk factors—psychotic illness being an independent risk factor for CVD (3)—are twice as high in patients with schizophrenia than in the general population. Likewise, obesity is twice as prevalent, and diabetes is at least three times as prevalent in people with SMI compared with the nonpsychiatric population in all age groups. Additionally, while the rate of smoking in the general population is about 18%, 53% of

people with SMI smoke (4), and the rate of COPD is consequently similarly elevated at 22.6% compared with 5% in the general population (5). The medical needs and comorbidities of people with SMI cannot go untreated; otherwise, they will be yet another subpopulation streaming into EDs.

Medications used in the SMI population:

Antipsychotics. With heart disease and diabetes being major risk factors for severe COVID-19 infection, patients on antipsychotics ought to be considered high risk—a cumulative effect from having an SMI. Long known for their propensity to contribute to obesity, diabetes, and metabolic syndrome, antipsychotics also increase risk for hypertension, thrombo-embolic events, QTc prolongations, and change in endothelial function (6).

Additionally, antipsychotics have been linked to respiratory dysfunction and failure (particularly in patients with COPD) likely by causing improper respiratory muscle activity or central respiratory depression (7). First- and second-generation antipsychotics are equal culprits in causing pneumonia, affecting not only elderly individuals, but young patients as well. Smokers, those with chronic respiratory disease, dysphagia, or cerebrovascular disease are particularly at risk. Treatment with multiple antipsychotics further increases the risk for pneumonia.

Anxiolytics. Even before the COVID-19 pandemic, an increase in the prescription of benzodiazepines by primary care physicians was noted. Knowing that benzodiazepines contribute to poor respiratory functioning (8), patients may be less able to fight a COVID-19 illness if infected.

Side effects. Beyond the physiologic vulnerability to COVID-19 incurred by psychotropics, people with SMI are subject to other side effects that increase their risk of contracting and spreading the virus: sedation and drowsiness may lead patients to put their head on a table and fall asleep, creating face-to-surface contact in common areas. Involuntary movements cause more face touching and contact with others. Drooling may cause spread of the virus over a wide area.

Medication interactions. Experimental drugs are currently used for COVID-19 treatment. Some have unknown side effects, while others can have serious interactions with psychiatric medications and other medications. For example, ritonavir is contraindicated with disulfiram (oral version has 42% alcohol) and decreases metabolism of midazolam and triazolam. Its level is decreased by CYP3A4 inducers such as carbamazepine, and it directly inhibits 3A4 and 2D6 through which several psychotropics are metabolized. The more famous combo hitting the headlines about COVID-19 treatment is made of two QTc prolonging medications: hydroxychloroquine and azithromycin, further increasing the burden on the heart of those on psychotropic medications.

This brief overview of comorbidities and medications is provided to assist with the SMI population in this pandemic and to better equip providers to more effectively deliver care and treatment to this vulnerable population.

References:

1. Spivak S, Cullen BA, Eaton W, et al. Delays in Seeking General Medical Services and Measurable Abnormalities Among Individuals With Serious Mental Illness. Psychiatr Serv. 2018; 69(4):479-482.
2. Beck D. Coronavirus Disease 2019 (COVID-19) Provides Potent Reminder of the Risk of Infectious Agents. Cardiology Magazine. March 6, 2020.
3. Ösby U, Westman J, Hallgren J, et al. Mortality Trends in Cardiovascular Causes in Schizophrenia, Bipolar and Unipolar Mood Disorder in Sweden 1987–2010. Eur J Pub Health. 2016; 26(5):867-871.
4. Aschbrenner K, Bobak C, Schneider E, et al. Egocentric Social Networks and Smoking Among Adults With Serious Mental Illness. Transl Behav Med. 2018;8(4): 531-539.
5. Himelhoch S, Lehman A, Kreyenbuhl J, et. al. Prevalence of Chronic Obstructive Pulmonary Disease Among Those With Serious Mental Illness. Am J Psychiatry. 2004;161(12):2317-2319.
6. Kahl K, Westhoff-Bleck M, Krüger T. Effects of Psychopharmacological Treatment With Antipsychotic Drugs on the Vascular System. Vascul Pharmacol. 2018;100:20-25.
7. Yagmur F, Ulusoy H, Buyukoglan H, et al. Acute Respiratory Distress Due to Antipsychotic Drugs. Pharmacopsychiatry. 2010; 43(3):118-119.
8. Vozoris N. Do Benzodiazepines Contribute to Respiratory Problems? Expert Rev Respir Med. 2014;8(6):661-663.

This newsletter is brought to you by the Mercy Care Pharmacy Team. For questions, please email Fanny A Musto (MustoF@mercycareaz.org) or Denise Volkov (VolkovD@mercycareaz.org)