

# November Pharmacy Newsletter



## PREFERRED DRUG LIST UPDATES

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

**Additions:**

- Kloxxado 8mg

**Removals:**

- None

**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>

### **Janssen Announces U.S. FDA Approval of INVEGA HAFYERA**

The U.S. Food and Drug Administration (FDA) has approved long-acting atypical antipsychotic INVEGA HAFYERA (6-month paliperidone palmitate), the first-and-only twice-yearly injectable for the treatment of schizophrenia in adults. Before transitioning to INVEGA HAFYERA, patients must be adequately treated with INVEGA SUSTENNA (1-month paliperidone palmitate) for at least four months, or INVEGA TRINZA (3-month paliperidone palmitate) for at least one 3-month injection cycle. INVEGA HAFYERA is a non-preferred drug per the Arizona Health Care Cost Containment System (AHCCCS) and would require a prior authorization (PA).

The FDA approval of INVEGA HAFYERA is based on the results of a 12-month, randomized, double-blind, non-inferiority Phase 3 global study that enrolled 702 adults (ages 18-70) living with schizophrenia from 20 countries. The results showed non-inferiority of INVEGA HAFYERA compared to INVEGA TRINZA on the primary endpoint of time to first relapse at the end of the 12-month period. Results found that 92.5 percent of patients treated with INVEGA HAFYERA, and 95 percent treated with INVEGA TRINZA were relapse-free at 12 months. Relapse was defined as psychiatric hospitalization, increase in Positive and Negative Syndrome Scale (PANSS) total score, increase in individual PANSS item scores, self-injury, violent behavior, or suicidal/homicidal ideation.

The safety profile observed in the trial was consistent with previous studies of INVEGA SUSTENNA and INVEGA TRINZA with no new safety signals emerging. The most common adverse reactions (≥5%) in the INVEGA HAFYERA clinical trial were upper respiratory tract infection (12%), injection site reaction (11%), weight increase (9%), headache (7%), and parkinsonism (5%).

### **Addressing Care Transition Plans for the Behavioral Health population**

Approximately 60% of medication-related errors in patient records occur during care transitions. Reviewing medications during care transitions to reduce rehospitalization and promote safe and effective medication use should be common practice.

Keep in mind the key components in developing successful Care Transitions Plan include:

- Begin discharge planning before the member is admitted
- Coordinate with case manager during inpatient stay
- Reinforce discharge plan and instructions
- Medication Reconciliation completed to reduce likelihood of rehospitalization
- Implement a follow-up and outreach plan, develop communication when the member leaves a hospital or inpatient psychiatric care facility, nursing home, residential treatment or group living arrangement.

**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

### **Important Clozapine REMS Program Changes Announced**

The Food and Drug Administration (FDA) has approved a modification to the Clozapine REMS program that go into effect on November 15, 2021, review <https://www.newclozapinerems.com/home> to ensure that patients have continued access to clozapine and that associated risks are appropriately managed.

#### **References:**

1. INVEGA HAFYERA [Prescribing Information]. Titusville, NJ: Janssen Pharmaceuticals, Inc. August 2021
2. <https://www.inj.com/janssen-announces-u-s-fda-approval-of-invega-hafyera-6-month-paliperidone-palmitate-first-and-only-twice-yearly-treatment-for-adults-with-schizophrenia>
3. [https://www.resourcesforintegratedcare.com/behavioral\\_health/care\\_coordination/tool/overview](https://www.resourcesforintegratedcare.com/behavioral_health/care_coordination/tool/overview)

***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))***