

November Pharmacy Newsletter



PREFERRED DRUG LIST UPDATES

Integrated (Title 19/21 SMI) and ACC

Additions:

- Cetirizine Cap 10mg
- Dimethyl Fum Cap 120mg DR and 240mg DR (Quantity Level Limit, Prior Authorization Required)
- Diphenhydramine Chew 12.5mg
- Emtricitabine Cap 200mg
- Guaifenesin Tab 400mg
- Levocetirizine Sol 2.5mg/5
- Levocetirizine Tab 5mg
- Nebulizers
- Phenylephrine Tab 10mg
- Saline Gel Nasal

Removals:

- Emtriva Cap 200mg
- Tamiflu Cap 30mg, 45mg and 75mg
- Tamiflu Susp 6mg/ml
- Tecfidera Cap DR 120mg and DR 240mg

Other Updates

- None

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

Additions:

- None

Other Updates

- 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://www.mercycareaz.org/providers/rbha-forproviders/pharmacy>
 - [Behavioral Health Preferred Drug List](#): For members who qualify under Title 19/21 Non-SMI (CMDP, DES/DDD, or ACC Opt-Out) or as Non-Title 19/21 determined to have a serious mental illness (SMI), or Non-Title 19/21 children 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: <https://www.mercycareaz.org/providers/completecure-forproviders/pharmacy>

Evidence Based Strategies for Preventing Opioid Overdose:

Know your epidemic, know your response reminds us that we must have a clear understanding of the causes and characteristics of local public health problems before we can know how to tackle them. It

reminds us that our choices must be driven by evidence and data; that we must employ strategies we know to be effective; and that we must remain vigilant in maintaining a holistic and grounded understanding of who is at risk of fatal overdose, how that risk is constructed, and what can be done to reduce that risk as much as possible.

Make collaboration your strategy. Overdose prevention strategies will only be successful if the role of each player is well designed, reasonable, and clear and only if those players take on those roles in deliberate coordination with each other.

Nothing about us without us speaks to the fact that prevention strategies need to take into account the realities, experiences, and perspectives of those at risk of overdose. Those affected by opioid use and overdose risk should be involved in the design, implementation, and evaluation of interventions to assure those efforts are responsive to local realities and can achieve their desired goals.

Meet people where they are requires understanding their lives and circumstances, what objectives are important to them personally, and what changes they can realistically make to achieve those objectives. The guiding principle of “meeting people where they are” means more than showing compassion or tolerance to people in crisis. This principle also asks us to acknowledge that all people we meet are at different stages of behavior change. Furthermore, recognition of these stages helps us set reasonable expectations for that encounter and better support them in their progress towards healthy behavior change.

Did you know....

Research on MAT Medication-Assisted Treatment (MAT) has demonstrated a 75% reduction in mortality and premature death.

Available Treatments

Members have access to a variety of medication options. Treatment is best when individualized. Members may need to try several treatment options before discovering what works best.

Naloxone is a drug that carries no risk of abuse and has no effect on individuals who do not already have opioids in their system. It does not generate physical dependency. It produces no neurological or psychological effects or euphoria. It also poses negligible risk of harm if misused. The people who most often witness and respond to an overdose are other persons who use drugs. By equipping these individuals with naloxone and training them to identify and respond to an overdose, the potential delay between the onset of an opioid overdose and the delivery of life-saving care can be reduced.

References:

1. <https://cabhp.asu.edu/medication-assisted-treatment>
2. <https://www.cdc.gov/drugoverdose/states/index.html>
3. Charlton JI. Nothing About Us Without Us. Berkeley, CA: University of California Press; 2000. <http://www.ucpress.edu/book.php?isbn=9780520224810>. Accessed October 29, 2020.

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 Gilbert (gilbert@mercycares.org)