September Pharmacy Newsletter

PREFERRED DRUG LIST UPDATES

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

Additions:	***Removals:***	***Other Updates***
○ *None*	○ *None*	○ *None*

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

Additions:	***Removals:***	***Other Updates***
○ *None*	○ *None*	○ *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

Important Clozapine REMS Program Changes Announced

The Food and Drug Administration (FDA) has approved a modification to the Clozapine REMS program that will go into effect on November 15, 2021, to ensure that patients have continued access to clozapine and that associated risks are appropriately managed.

The treatment is only available through the restricted program known as the Clozapine REMS program due to the risk of severe neutropenia. Patients who receive clozapine must be enrolled in the program and comply with the absolute neutrophil count (ANC) testing and monitoring requirements.

According to the Agency, the Clozapine REMS program will include the following important modifications:

- Prescribers and pharmacies must be re-certified in the Clozapine REMS program by November 15, 2021, to continue to prescribe or dispense clozapine.
- Prescribers must re-enroll their patients who will continue receiving clozapine by November 15, 2021.
- The process for re-certification and re-enrollment can begin on August 16, 2021.
- Pharmacies will have to obtain authorization to dispense clozapine either through the REMS Contact Center or online via the REMS website. The telecommunication verification (also known as the switch system) may no longer be used by pharmacies to verify safe use conditions.
- For all outpatients, there will be a new Patient Status Form to document ANC monitoring. The form must be submitted monthly and should be used to interrupt, discontinue, or resume treatment; designate the patient as a benign ethnic neutropenia (BEN) patient; create a treatment rationale when the patient's ANC level is below 1000/µL for a general population patient or less than 500/µL for a BEN patient; or designate the patient as a hospice patient.

For more information, please call the Clozapine REMS Contact Center at (844) 267-8678 or visit clozapinerems.com.

Escitalopram Found to Reduce Anxiety in Patients With Coronary Heart Disease

Per a study published in JAMA Psychiatry it appears that escitalopram may be more effective than exercise at reducing anxiety in patients with coronary heart disease. In the randomized clinical trial, escitalopram produced clinically meaningful reductions in anxiety and depression compared with a placebo control.

In this trial there were 128 patients, men and women aged 40 years or older with coronary heart disease and anxiety symptoms (score of 8 or higher on the Hospital Anxiety and Depression-Anxiety Subscale, or HADS-A) and/or a DSM-5 primary diagnosis of an anxiety disorder were included. Patients were excluded if they had a primary psychiatric diagnosis other than an anxiety disorder, were currently receiving mental health treatment, and/or if they exercised regularly. A total of 128 participants were randomly assigned to aerobic exercise (three days a week), escitalopram (up to 20 mg a day), or a placebo pill for 12 weeks.

Patients were evaluated using the Structured Clinical Interview for DSM-5 Disorders and the 14-item Hamilton Anxiety Rating Scale. Symptoms of depression (using the HADS depression subscale and Beck Depression Inventory-II) as well as heart rate variability, baroreflex sensitivity, and endothelial function—biomarkers for coronary heart disease. These were measured before and after the 12-week interventions.

Examination of HADS-A scores after 12 weeks revealed that all groups showed reduced levels of anxiety following treatment. Additional analysis revealed that participants in the escitalopram group had

greater reductions in HADS-A scores compared with participants in the placebo group, while the exercise and placebo groups were not different.

Although exercise achieved comparable reductions in state anxiety relative to escitalopram after 12 weeks and greater reductions compared with placebo controls, exercise on anxiety symptom were less consistent when compared with placebo on the HADS-A or any of the supplemental trait anxiety measures. Exercise and escitalopram did not improve coronary heart disease biomarkers of risk. The clinical significance of these findings regarding potential cardiovascular benefits could benefit from further investigation.

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. Blumenthal JA, Smith PJ, Jiang W, et al. Effect of Exercise, Escitalopram, or Placebo on Anxiety in Patients With Coronary Heart Disease: The Understanding the Benefits of Exercise and Escitalopram in Anxious Patients With Coronary Heart Disease (UNWIND) Randomized Clinical Trial. JAMA Psychiatry. Published online August 18, 2021. doi:10.1001/jamapsychiatry.2021.2236
2. Clozapine Risk Evaluation and Mitigation Strategy (REMS) requirements will change on November 15, 2021. News release. US Food and Drug Administration. July 29, 2021. Accessed August 30, 2021. https://www.fda.gov/drugs/drug-safety-and-availability/clozapine-risk-evaluation-and-mitigation-strategy-rems-requirements-will-change-november-15-2021.

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