

PREFERRED DRUG LIST UPDATES

Integrated (Title 19/21 SMI) and ACC

Additions:

- Cyclophosphamide Cap 25mg and 50mg
- Erivedge Cap 150mg (Prior Authorization Required)
- Abiraterone Tab 250mg (Prior Authorization Required)
- Venclexta Tab 10mg, 50mg and 100mg (Prior Authorization Required)
- Venclexta Tab Start Pk (Prior Authorization Required)
- Tafinlar Cap 50mg and 75mg (Prior Authorization Required)
- Rydapt Cap 25mg (Prior Authorization Required)
- Mekinist Tab 0.5mg and 2mg (Prior Authorization Required)
- Gilotrif Tab 20mg, 30mg and 40mg (Prior Authorization Required)
- Alecensa Cap 150mg (Prior Authorization Required)
- Zykadia Cap 150mg (Prior Authorization Required)
- Jakafi Tab 5mg, 10mg, 15mg, 20mg and 25mg (Prior Authorization Required)
- Kalydeco Pak 25mg, 50mg, 75mg and 150mg (Prior Authorization Required)
- Ofev Cap 100mg and 150mg (Prior Authorization Required)
- Austedo Tab 6mg, 9mg and 12mg (Prior Authorization Required)
- Soliris Inj 10mg/ML (Prior Authorization Required)
- Lenvima Cap 4mg, 8 Mg, 10 Mg, 12mg, 20 Mg, 14 Mg, 18 Mg and 24 Mg (Prior Authorization Required)
- Repatha Push Inj 420/3.5 (Prior Authorization Required)
- Repatha Inj 140mg/ml (Prior Authorization Required)
- Xolair Inj 75/0.5 (Prior Authorization Required)
- Xolair Inj 150mg/ml (Prior Authorization Required)
- Symdeko Tab 50-75mg and 100-150mg (Prior Authorization Required)

Removals:

- None

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://www.mercycareaz.org/providers/rbha-forproviders/pharmacy>
 - ACC: <https://www.mercycareaz.org/providers/completecure-forproviders/pharmacy>

Practice Guideline for treatment of Schizophrenia:

The first step of patient assessment is key. The guideline recommends that patients with schizophrenia receive a thorough evaluation, including assessments of a patient's physical health; cognitive health; their risk of harming themselves or others; and substance use, including nicotine. Afterward, physicians and patients should work together on a comprehensive, patient-centric treatment plan that includes evidence-based pharmacological and nonpharmacological treatments.

The guideline reaffirms that patients diagnosed with schizophrenia should be treated with an antipsychotic medication and that patients whose symptoms improve while taking an antipsychotic medication should continue with maintenance antipsychotic treatment. With the exception of clozapine which is recommended as the first choice for treatment-resistant schizophrenia, patients with high suicide risk, and patients with a high risk of aggressive behavior. The guideline does not make any recommendations about specific oral or long-acting injectable antipsychotics. The guideline, however, includes detailed tables with dosing considerations, metabolic properties, and potential side effects of all FDA-approved antipsychotics.

Among psychosocial interventions, the guideline strongly recommends that patients receive cognitive-behavioral therapy for psychosis, education about schizophrenia, and supported employment services. The guideline also strongly recommends that patients experiencing their first episode of psychosis are treated in a coordinated specialty care program. If possible, patients should also receive interventions aimed at developing their self-management skills.

The outlined recommendations that have been updated should be made in collaboration with the patient, whenever possible, and should incorporate the patient's personal and sociocultural preferences and values in order to enhance the therapeutic alliance, adherence to treatment, and treatment outcomes.

Covered buprenorphine MAT (Medication-Assisted Treatments) for Substance Use Disorder

- **Generic** buprenorphine/naloxone SUBLIGUAL disintegrating Tablets (**brand Suboxone tabs are non-preferred**)
- **Brand** Suboxone Film (generic Suboxone Film is non preferred)
- Sublocade Injection (Prior Authorization Required).
- **Generic** buprenorphine sublingual tablets (**only** for members that are pregnant or nursing; provider should include the ICD- 10 code on the prescription).

** For PA requests, please address why formulary medications cannot be used **

References:

1. <https://psychiatryonline.org/guidelines>
2. <https://psychiatryonline.org/doi/full/10.1176/appi.books.9780890424841.Schizophrenia02>

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)