July Pharmacy Newsletter

NON-TITLE 19/21 FORMULARY UPDATE|IMPORTANT FORMULARY ENHANCEMENT

At the direction of AHCCCS, additional medications have been added to the NT19/21 Drug List to support the management of common clozapine-related adverse effects and help optimize treatment adherence and patient outcomes.

The following medications are now included:

- **Metformin** – May be used to help mitigate clozapine-associated metabolic adverse effects, including weight gain and insulin resistance.
- **Ondansetron** – May be used to manage nausea associated with clozapine therapy.
- **Atropine Drops** – May be used to treat clozapine-induced sialorrhea (excessive drooling).

Providers are encouraged to consider these treatment options when clinically appropriate to support patients receiving clozapine therapy and to help improve medication tolerability, adherence, and overall treatment success.

HEDIS SPOTLIGHT: INFORMATION ON ADHERENCE TO ANTIPSYCHOTIC MEDICATIONS FOR INDIVIDUALS WITH SCHIZOPHRENIA (SAA) MEASURE

The Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA) measure is a Healthcare Effectiveness Data and Information Set (HEDIS) measure used to assess the percentage of adults aged 18 years and older with schizophrenia or schizoaffective disorder who have at least two antipsychotic medications dispensing events during the measurement year and remain adherent to prescribed antipsychotic medications. Specifically, the measure evaluates whether members achieve a Proportion of Days Covered (PDC) of at least 80% during their treatment period.

The SAA measure uses the Proportion of Days Covered (PDC) methodology to determine medication adherence. PDC = Number of days covered by at least one antipsychotic medication ÷ Number of days in the treatment period. To meet the measure, members must achieve a PDC of 80% or greater during their treatment period. Both oral antipsychotics and qualifying long-acting injectable (LAI) antipsychotics are included in adherence calculations.

The treatment period begins on the member's Index Prescription Start Date (IPSD); the first antipsychotic medication dispensing event during the measurement year and continues through December 31 of the measurement year.

Medication adherence is a critical component of successful schizophrenia management. Individuals who do not consistently take prescribed antipsychotic medications are at increased risk for relapse, psychiatric hospitalization, emergency department visits, functional decline, and poorer overall health outcomes.

BARRIERS TO MEDICATION ADHERENCE

Maintaining adherence to antipsychotic therapy can be challenging for many individuals with schizophrenia. Common barriers include:

- Limited insight into illness and the need for ongoing treatment.
- Medication side effects that affect tolerability and willingness to continue treatment.
- Substance use disorders and other comorbid conditions that complicate care.
- Social isolation and stigma associated with mental illness.
- Cognitive impairment may make it difficult to remember medication schedules.
- Missed follow-up appointments and limited engagement with the healthcare team.

When adherence issues are not recognized, treatment decisions may be based on incomplete information, potentially resulting in unnecessary medication changes or dosage adjustments. Consistent medication use allows providers to accurately evaluate treatment effectiveness and identify opportunities for intervention.

STRATEGIES TO IMPROVE ADHERENCE

- **Psychoeducation:** Providing patients with information about their illness, medication, and the importance of adherence may improve adherence. Share the decision making.
- **Psychosocial Interventions:** Interventions, such as therapy and support groups, may help patients develop coping skills and improve adherence to treatment.
- **Long-Acting Injectables (LAI):** LAI antipsychotics can assist with adherence as patients receive their medication routinely.
- **Electronic Reminders:** These reminders may help patients to remember their scheduled medications.
- **Service-Based Interventions:** Service-based interventions, such as ACT/MACT teams, case management and outreach services, can help patients stay connected with their treatment team. This can establish the support needed for patients and assist with better medication related outcomes.
- **Care Coordination**: Reach out to patients who cancel appointments and reschedule them as soon as possible.

HEDIS SAA EXCLUSIONS

Members may be excluded from the SAA measure if they meet specific HEDIS exclusion criteria, including:

- Hospice services or election of a hospice benefit at any time during the measurement year.
- Death during the measurement year.
- Have a qualifying dementia diagnosis.
- Frailty and advanced illness exclusions for qualifying age groups, as specified in current HEDIS guidelines.

Additionally, members must meet the measure's eligibility requirements, including qualifying schizophrenia or schizoaffective disorder diagnoses and the required antipsychotic dispensing events.

KEY TAKEAWAY

Improving antipsychotic medication adherence remains one of the most effective strategies for reducing relapse, improving quality of life, and supporting recovery for individuals living with schizophrenia. By proactively addressing barriers to adherence and utilizing a multidisciplinary approach, healthcare providers can positively impact both patient outcomes and HEDIS SAA performance.

The information presented herein is for informational purposes only. It is not intended, nor is it to be used, to define a standard of care or otherwise substitute for informed medical evaluation, diagnosis and treatment which can be performed by a qualified medical professional.

References:

1. https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/adherence-to-antipsychotic-medications-for-individuals-with-schizophrenia-saa/
2. *https://www.hopkinsmedicine.org/johns-hopkins-health-plans/providers-physicians/health-care-performance-measures/hedis/adherence-to-antipsychotic-medications-for-individuals-with-schizophrenia*
3. *https://myhpnmedicaid.com/content/dam/hpnv-public-sites/health-plan-of-nevada/provider/hedis/behavioral-health/2026/Adherence%20to%20Antipsychotic%20Medications%20for%20Individuals%20With%20Schizophrenia%20%28SAA%29.pdf*

PREFERRED DRUG LIST UPDATES CAN BE FOUND HERE:

ACC-RBHA, DD, ALTCS and DCS CHP	Behavioral Health (Non-Title 19/21)

** Drugs that are not on the formulary will require a PA (prior authorization) request to be submitted**

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.

This newsletter is brought to you by the Mercy Care Pharmacy Team. For questions, please email Fanny A Musto (MustoF@mercycareaz.org), Jasmine Phillips (PhillipsJ6@aetna.com)