

PREFERRED DRUG LIST UPDATES

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

Additions:

- Guaifenesin 100 mg/codeine 6.33 mg per 5mL solution (Quantity Limit, Age Limit, OTC)

Removals:

- None

Other Updates

- N Advair HFA 45 mcg/21 mcg per actuation (Removed Step Therapy)
- Advair HFA 115 mcg/21 mcg per actuation (Removed Step Therapy)
- Advair HFA 230 mcg/21 mcg per actuation (Removed Step Therapy)
- Advair Diskus 100 mcg/50 mcg per actuation (Removed Step Therapy)
- Advair Diskus 250 mcg/50 mcg per actuation (Removed Step Therapy)
- Advair Diskus 500 mcg/50 mcg per actuation (Removed

- Step Therapy)
- Symbicort 80 mcg/4.5 mcg per actuation (Removed Step Therapy)
- Symbicort 160 mcg/4.5 mcg per actuation (Removed Step Therapy)
- Dulera 50 mcg/5 mcg per actuation (Removed Step Therapy)
- Dulera 100 mcg/5 mcg per actuation (Removed Step Therapy)
- Dulera 200 mcg/5 mcg per actuation (Removed Step Therapy)
- Pregabalin 25 mg capsule (Removed Prior Authorization, Updated Quantity Limit)
- Pregabalin 50 mg capsule (Removed Prior Authorization, Updated Quantity Limit)
- Pregabalin 75 mg capsule (Removed Prior Authorization,

- Updated Quantity Limit)
- Pregabalin 100 mg capsule (Removed Prior Authorization, Updated Quantity Limit)
- Pregabalin 150 mg capsule (Removed Prior Authorization, Updated Quantity Limit)
- Pregabalin 200 mg capsule (Removed Prior Authorization, Updated Quantity Limit)
- Pregabalin 225 mg capsule (Removed Prior Authorization, Updated Quantity Limit)
- Pregabalin 300 mg capsule (Removed Prior Authorization, Updated Quantity Limit)
- Pregabalin 20 mg per mL solution (Removed Prior Authorization, Updated Quantity Limit)

Behavioral Health (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>
 - Mercy Care RBHA uses four preferred drug lists, depending on your member's eligibility.
 - **Behavioral Health Preferred Drug List:** For members who qualify under Title 19/21 Non-SMI 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, Gila or Pinal counties. The medications on this list will help stabilize an individual in crisis and bridge them to a follow-up outpatient appointment.
 - **Substance Abuse Block Grant Medication List:** For Non-Title 19/21 members with SUDs and primary substance use and misuse.
 - ACC, DD, ALTCS and DCS CHP: <https://www.mercycareaz.org/providers/completecare-forproviders/pharmacy>

VA, DoD Recommend Buprenorphine Over Full Agonist Opioids for Chronic Pain

In their most recent guideline on the use of opioids to manage chronic pain, the U.S. departments of Veterans Affairs (VA) and Defense (DoD) recommend against using full agonist opioids (for example, morphine) for patients who require daily pain management. Guideline recommendation, which was approved in May 2022, recommends using buprenorphine instead of full agonist opioids for patients who require long-term opioid therapy. Assessing for behavioral health conditions and factors associated with higher risk for harm, such as pain catastrophizing; and the use of pain and opioid education to reduce the risk for prolonged opioid use for postsurgical pain.

The absolute number of deaths associated with the use of prescribed and illicit opioids increased 400% between 2000 and 2014¹. The increase in illicit opioid use and overdose has also involved heroin and fentanyl. In 2019, nearly 50,000 persons in the United States died of opioid related overdoses. Of those 50,000 persons, 14,019 (28%) died of a heroin overdose. This is a very large increase from the 1960 overdose deaths involving heroin in 1999². The connection between heroin use and prescription opioids

¹ Rudd RA, Aleshire N, Zibbell JE, et al. Increases in drug and opioid overdose deaths —United States, 2000-2014. *MMWR Morb Mortal Wkly Rep.* 2016;64:1378-82.

² National Institute on Drug Abuse. Overdose death rates. Accessed at www.drugabuse.gov/drug-topics/opioids/opioid-overdose-crisis on 19 December 2022.

is important; it has been estimated that about 80% of persons who use heroin first misused prescription opioids³. The thoughtful and judicious prescribing of opioids is important for many reasons, including to decrease the number of patients who transition to illicit drug use, but also to minimize risk and maximize safety and quality of life for those with chronic pain. This 2022 U.S. Department of Veterans Affairs (VA) and U.S. Department of Defense (DoD) guideline provides an update on opioid prescribing practices from the previous 2017 guideline.

The guideline summary published in the Annals of Internal Medicine. The Supplement link provided: https://www.acpjournals.org/doi/suppl/10.7326/M22-2917/suppl_file/M22-2917_Supplement.pdf

X-Waiver No Longer Needed to Prescribe Medication-Assisted Treatment for Opioid Use

The bipartisan Mainstreaming Addiction Treatment (MAT) Act of 2023 eliminates the previous required X-waiver that physicians had long needed to prescribe buprenorphine, a medication that curbs opioid cravings, reduces drug use, and prevents deaths among people who use opioids.

Removal of the X-waiver will assist in prescribing historically underserved communities to gain access to treatment for opioid use disorder. Research shows rural populations and communities of color have difficulty accessing and receiving buprenorphine because there are few or no X-waivered providers available in their region. The MAT Act will allow health care providers prescribe buprenorphine as they would any other medicine, which may help normalize its essential role in treating opioid use disorder. Although the act does direct the Substance Abuse and Mental Health Services Administration to conduct national awareness campaigns that encourage providers to incorporate medication treatment and addiction services into their practices, there has been little action and few plans beyond that high-level commitment.

Communicating major public health milestones is a prerequisite to seeing changes in public health. This is our part in raising awareness about better access to buprenorphine. People with opioid use disorder need to know they can now ask their current health care providers for buprenorphine treatment.

Removing the X-waiver is a historic step forward in treating people with opioid use disorder. But it will do little good if clinicians and people who use opioids aren't made aware of it.

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. <https://www.acpjournals.org/doi/10.7326/M22-2917>
2. <https://www.samhsa.gov/medications-substance-use-disorders/removal-data-waiver-requirement>

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)

³ Lankenau SE, Teti M, Silva K, et al. Initiation into prescription opioid misuse amongst young injection drug users. Int J Drug Policy. 2012;23:37-44