

## PREFERRED DRUG LIST UPDATES

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

#### **Additions:**

- Gilenya 0.25 mg capsule (Prior Authorization, Quantity Limit)
- Trikafta 100 mg/50 mg/75 mg/150 mg tablet (Prior Authorization)
- Trikafta 50 mg/25 mg/37.5 mg/75 mg tablet (Prior Authorization)

#### **Removals:**

- Capsaicin 0.1% cream
- Lidocaine 4% cream
- Triamcinolone acetonide powder

#### **Other Updates**

- Fexofenadine 30 mg per 5 mL (Changed Quantity Limit)
- Fingolimod 0.5 mg capsule (Added Quantity Limit)
- Freestyle Libre 14 Day Sensor (Changed Quantity Limit)
- Freestyle Libre 2 Sensor (Changed Quantity Limit)
- Freestyle Libre 3 Sensor (Changed 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/complecare-forproviders/pharmacy>

### **Requirements for Prescribing Medications for The Treatment of Opioid Use Disorder**

Section 1262 of the Consolidated Appropriations Act, 2023 (also known as Omnibus bill), removes the federal requirement for practitioners to submit a Notice of Intent (have a waiver) to prescribe medications, like buprenorphine, for the treatment of opioid use disorder (OUD). With this provision, and effective immediately, SAMHSA will no longer be accepting NOIs (waiver applications).

Section 1263 of the 'Consolidated Appropriations Act of 2023' requires new or renewing Drug Enforcement Administration (DEA) registrants, starting June 27, 2023, upon submission of their application, to have at least one of the following:

- A total of eight hours of training from certain organizations on opioid or other substance use disorders for practitioners renewing or newly applying for a registration from the DEA to prescribe any Schedule II-V controlled medications.
- Board certification in addiction medicine or addiction psychiatry from the American Board of Medical Specialties, American Board of Addiction Medicine, or the American Osteopathic Association; or
- Graduation within five years and status in good standing from medical, advanced practice nursing, or physician assistant school in the United States that included successful completion of an opioid or other substance use disorder curriculum of at least eight hours.

Prescribers can start prescribing buprenorphine for opioid use disorder without a DATA Waiver immediately. Practitioners seeking to prescribe buprenorphine for the treatment of opioid use disorder no longer need to apply for, or possess, a DATA-Waiver prior to prescribing the medication. You should be aware of the state's requirements because they may differ from federal law. Additionally, from June 27, 2023, practitioners will need to ensure that they are in compliance with the educational requirements as described above, since practitioners will need to have completed this training by the time they either newly apply for or are renewing their DEA registration.

### **Dosing of Suboxone per Clinical Pharmacology**

Adults and Adolescents 16 to 17 years: 2 mg/0.5 mg or 4 mg/1 mg buprenorphine/naloxone SL once, initially; may titrate dose by 2 mg/0.5 mg or 4 mg/1 mg buprenorphine/naloxone every 2 hours up to 8 mg/2 mg buprenorphine/naloxone on day 1 based on the control of acute withdrawal symptoms, then 16 mg/4 mg buprenorphine/naloxone SL once daily starting on day 2. Titrate dose by 2 mg/0.5 mg or 4 mg/1 mg buprenorphine/naloxone to a level that holds the person in treatment and suppresses opioid withdrawal signs and symptoms. Target maintenance dose: 16 mg/4 mg buprenorphine/naloxone SL once daily. Usual dose range: 4 mg/1 mg/day to 24 mg/6 mg/day buprenorphine/naloxone. Doses higher than 24 mg/6 mg/day buprenorphine/naloxone have not been demonstrated to provide any clinical advantage. Prior to induction, consider the type of opioid dependence (i.e., long- or short-acting opioid products), the time since last opioid use, and the degree or level of opioid dependence. Buprenorphine monotherapy is recommended in persons taking long-acting opioids when used

according to approved administration instructions; after induction, transitioned to once-daily buprenorphine; naloxone may occur.

### **Language Matters in Compassionate Care**

Are You Using Supportive Language That Makes a Person Feel Safe and Heard? May is Mental Health Awareness month and a suitable time to share a reminder that what you say behind closed doors to coworkers, patients, friends, and family can be the seed for stigma, and not recognizing cultural differences may lead people to distrust and avoid treatment. Language matters in compassionate care. After experiencing a traumatic event, many people struggle to share their experiences and reactions with others. When they do open up, it may result in several reactions for you, making it difficult to know how exactly to respond. What you say matters in helping the survivor feel safe and understood.

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.samhsa.gov/medications-substance-use-disorders/removal-data-waiver-requirement>
2. <https://www.clinicalkey.com/pharmacology/monograph/3680?sec=monindi>
3. <https://www.aha.org/system/files/media/file/2022/04/PMWM-PTSD-supportive-language.pdf>

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