



PREFERRED DRUG LIST UPDATES

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

Additions:

- None

Removals:

- None

Other Updates

- None

Behavioral Health (Title 19/21 Non-SMI & 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>
 - [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/complecare-forproviders/pharmacy>

Off-Label Use: Gabapentin for Psychiatric Indications

A recent article released by the American Psychiatric Association (APA) looked at a retrospective analysis published in *Psychiatric Services in Advance* on off-label gabapentin use in patients with psychiatric disorders. The study found that 99% of gabapentin use was for an off-label indication and nearly 60% of patients taking gabapentin for off-label use were also found to be taking central nervous system depressants (CNS-D) concomitantly. Providers are urged to re-evaluate gabapentin's necessity in therapy as 1) gabapentin carries a warning for suicidal behavior and ideation, and 2) the FDA warned that elderly patients are at an increased risk when co-prescribed gabapentin and CNS-D medications.

Major Depressive Disorder case review and treatment options, what would you do?

A Behavioral Health (BH) provider contacts the pharmacist to discuss possible therapeutic options to treat depression for a patient, LW, a 32-year-old female. In discussion with the BH provider, you learn that the patient has lost 20 pounds in the last 2 months, has no interest in her usual activities, and spends most of her day sleeping. Her current medical conditions include the following: Hypertension (currently well controlled), gastroesophageal reflux disease and seasonal allergic rhinitis.

Past medical history: Seizures secondary to anorexia nervosa during adolescence.

LW's medication history includes:

Hydrochlorothiazide 25 mg daily

Omeprazole 20 mg daily

Nasonex as needed

Which of the following treatment options would be most appropriate for LW at this time?

- A. Citalopram 40 mg once daily
- B. Venlafaxine 150 mg once daily
- C. Bupropion 200 mg daily in divided doses
- D. Sertraline 50 mg once daily

The recommendation for treatment was accepted by the BH provider. Two weeks later, the patient returns to the provider office to discuss treatment and how it is working. While she is feeling better, she still does not feel like her "old self." LW asks if she can increase the dose of her antidepressant or maybe switch to another agent. Which of the following is the best course of action to take regarding LW's treatment?

- A. The antidepressant medication LW is taking should have exerted its full effect by now. Recommend her BH provider double the dose of medication.
- B. Although her medication should not be changed at this point, LW needs nonpharmacologic therapy, such as ECT. Recommend nonpharmacologic interventions to the BH provider.
- C. Antidepressant medications do not exert their full effect for 4 to 8 weeks. After checking her medication profile, patient is assured that the dose is appropriate for her at this time and no change is necessary.
- D. LW is likely resistant to treatment with antidepressants and requires adjunctive therapy. Pharmacist recommends to the BH provider the addition of aripiprazole.

(Response D is correct; it will not exacerbate the patient's hypertension [unlike venlafaxine] and is the least likely to interact with omeprazole [unlike citalopram]. Also, the patient has a past history of seizure disorder, a relative contraindication to bupropion.)

(Antidepressants take 4 to 8 weeks before a full effect is seen. LW has had some improvement after only 2 weeks, indicating that the medication is having a beneficial effect. Response C is correct)

References:

1. <https://www.apa.org/depression-guideline/case-examples>
2. <https://psychnews.psychiatryonline.org/toc/pn/55/2>

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)