

PREFERRED DRUG LIST UPDATES

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

Additions:

- Ambrisentan tablets (Prior Authorization)
- Aranesp prefilled syringe solution (Prior Authorization)
- Armour Thyroid tablets
- Bivigam 5 gm per 50 mL intravenous solution (Prior Authorization)
- Bosentan tablet (Prior Authorization)
- Fynetra 6 mg per 0.6 mL prefilled syringe (Prior Authorization)
- Nivestym solution (Prior Authorization)
- Octagam intravenous solution (Prior Authorization)
- Testosterone 50 mg per 5 gm (1%) gel (Prior Authorization) (Limited to one NDC)
- Xembify solution vial (Prior Authorization)
- Ziextenzo 6 mg per 0.6 mL prefilled syringe (Prior Authorization)
- Zovirax 5% ointment (Quantity Limit)
- Provida OB 20 mg/20 mg/1.5 mg capsule
- Revlimid capsule
- Rydapt 25 mg capsule
- Salicylic acid 6% cream
- Salicylic acid 6% shampoo
- Sprycel tablet
- Tabloid 40 mg tablet
- Tamiflu capsules
- Tamiflu 6 mg per mL suspension
- Tracleer tablets
- Udenyca 6 mg per 0.6 mL prefilled syringe
- Venclexta tablet
- Venclexta starting pack
- Xofluza therapy pack

Removals:

- Acyclovir 5% ointment
- Aubagio tablet
- Fulphila 6 mg per 0.6 mL prefilled syringe
- Imbruvica capsule, tablet and suspension
- Jakafi tablet
- Lenalidomide capsule
- Letairis tablet
- Leukeran 2 mg tablet
- Myleran 2 mg tablet
- Neupogen prefilled syringe
- Neupogen vial
- Nyvepria 6 mg per 0.6 mL prefilled syringe

Other Updates

- None

Behavioral Health (Non-Title 19/21)

Additions:

- Lurasidone tablet all strengths (Quantity Limit, Age Limit)

Removals:

- Latuda tablet all strengths

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>

Practice Guidelines for the Treatment of Depression

Depression (major depressive disorder) is a common and serious medical illness that negatively affects how a person feels, thinks and acts. Depression causes feelings of sadness and/or a loss of interest in activities once enjoyed. It can lead to a variety of emotional and physical problems and can decrease one's ability to function at work and at home.

Depression symptoms vary from mild to severe and can include:

- Feeling sad or having a depressed mood
- Loss of interest or pleasure in activities once enjoyed
- Changes in appetite, weight loss or gain unrelated to dieting
- Trouble sleeping or sleeping too much
- Loss of energy or increased fatigue
- Increase in purposeless physical activity (e.g., inability to sit still, pacing, handwringing) or slowed movements or speech (these actions must be severe enough to be observable by others)
- Feeling worthless or guilty
- Difficulty thinking, concentrating or making decisions
- Thoughts of death or suicide

Symptoms must last at least two weeks and must represent a change in previous level of functioning for a diagnosis of depression.

Before a diagnosis or treatment, a thorough diagnostic evaluation, including an interview and a physical examination. Blood test should be completed to rule out the depression is not due to a medical condition (e.g., thyroid problems, a brain tumor or vitamin deficiency) as these can mimic symptoms of depression. The evaluation is completed to help identify specific symptoms, explore medical and family

histories as well as cultural and environmental factors with the goal of diagnosis and treatment planning.

Treatments for Depression:

- Medication-Antidepressants may produce some improvement within the first week or two of using antidepressants. It is important to note, full benefits may not be seen for two to three months. If little or no improvement is noted after several weeks, psychiatrists can alter the dose of the current antidepressant medication, add a medication i.e.: psychotropic medication or substitute another antidepressant drug class. Effectiveness of antidepressant medications is generally comparable between and within classes of medications, including selective serotonin reuptake inhibitors (SSRIs), serotonin norepinephrine reuptake inhibitors (SNRIs), bupropion, tricyclic antidepressants (TCAs), and monoamine oxidase inhibitors (MAOIs). If pharmacotherapy is discontinued, taper the medication over several weeks. Tapering can minimize discontinuation syndromes, particularly with antidepressants with short half-lives, such as paroxetine and venlafaxine.
- Psychotherapy- a “talk therapy,” is used alone for treatment of mild depression; for moderate to severe depression, psychotherapy is often used along with antidepressant medications.
- Cognitive behavioral therapy (CBT)- has been found to be effective in treating depression. CBT is a form of therapy focused on the problem solving in the present. CBT helps a person to recognize distorted/negative thinking with the goal of changing thoughts and behaviors to respond to challenges in a more positive manner.
- Electroconvulsive Therapy (ECT)- ECT is a medical treatment that has been most commonly reserved for patients with severe major depression who have not responded to other treatments. It involves a brief electrical stimulation of the brain while the patient is under anesthesia. A patient typically receives ECT two to three times a week for a total of six to 12 treatments.
- Self-help and Coping-regular exercise to create positive feeling and improve mood. Getting quality sleep on a regular basis, eating a healthy diet and avoiding alcohol can also help reduce symptoms of depression.

Should SSRI and SNRI be used concomitantly

SSRIs and SNRIs are similar classes of antidepressants, but they are not the same. Although both antidepressants can help relieve symptoms of depression, they work in different ways. SSRIs selectively block the reuptake of serotonin to increase serotonin levels. SNRIs block the reuptake of both serotonin and norepinephrine to increase serotonin and norepinephrine levels in the brain. Concomitant use can cause precipitation of serotonin syndrome by impairing serotonin reuptake from the synaptic cleft into the presynaptic neuron.

Treatment should be based on patient preference, prior response to medication, safety, tolerability and medication side effect profile. Physical health and behavioral health conditions should be assessed. Potential drug interactions should be reviewed. The ultimate decision about treatment should be based

on shared decision-making with the patient and, in the case of youth patients, the parents/guardians or family members who are actively involved in their care.

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://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd-1410197717630.pdf
2. https://www.uptodate.com/contents/selective-serotonin-reuptake-inhibitors-pharmacology-administration-and-side-effects?search=concomitant%20use%20of%20ssri%20and%20Antidepressants&source=search_result&selectedTitle=6~150&usage_type=default&display_rank=6

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)