

PREFERRED DRUG LIST UPDATES

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

Additions:

- First-metronidazole 50 mg/mL suspension (Age Limit)
- Tinidazole 250mg and 500mg tablets
- Vancomycin 25 mg per mL oral solution
- Vancomycin 50 mg per mL oral solution
- Repatha prefilled syringe 140 mg per mL solution
- Repatha Pushtronex cartridge 420 mg per 3.5mL solution
- Repatha SureClick auto-injector 140 mg per mL solution

Removals:

- Firvanq 25 mg per mL oral solution
- Firvanq 50 mg per mL oral solution

Other Updates

- None

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>

A Stepwise Approach to Drug Shortages

Preparation, communication, and monitoring is the key to safely manage drug shortages. Although it may be impractical to prepare for every potential drug shortage, proper planning can minimize the adverse effects on both patients and providers. The safety of our patients is paramount.

Step 1: Investigate the Shortage

Researching the FDA drug shortages website for reason and length of time the shortage of medication will occur. Assessing which patients will be affected by the drug shortage will assist in being proactive in making alternate medication decisions. The FDA website:

<https://www.accessdata.fda.gov/scripts/drugshortages/default.cfm>

Step 2: Identify Alternatives

Assessing how critical the medication is and questions to think about to help answer this:

For what is the medication being used?

How essential is the medication in the management of the disease?

What is the impact of missed doses?

Is it safe for the medication to be abruptly stopped?

How long can the medication be missed without serious harm to the patient?

Consider prescribing higher doses that can be cut in half during the shortage. Consider requesting the brand or generic for substitution while medications are on shortage. Consider an alternate medication in the same class of medication, if appropriate.

Step 3: Plan to Transition Patients to the Alternative

Before transitioning to new therapy, does current medication need to be tapered before stopping?

Stopping certain medications abruptly can lead to unwanted effects or serious problems (i.e., clonidine, venlafaxine, and other antidepressants).

Does the new medication need to be titrated when started and/or should the medications be overlapped as part of the transition?

For example, antipsychotics may need to overlap for a brief period and should be titrated up slowly.

Consider monitoring parameters required (i.e., adverse effects, renal function, drug levels).

Are directions provided on a new prescription for clear directions on how to take/administer the medication?

Step 4: Error Prevention

Be vigilant with calculations and patient education, especially if different medication strengths are used to meet patient needs. Ask patients to repeat the new directions using teach back method to ensure they understand. Do a double check when things do not make sense. Medication shortages can mean that prescribers, pharmacists, and patients are using medications they are not as familiar with when substitutes are needed. Provide product-specific education to ensure appropriate use of new medication. Call pharmacies to inactivate old prescriptions when transitioning, to prevent duplicate therapies if the shortage medication becomes available again.

Step 5: Communicate

Communicate drug shortage issues with health plan, pharmacy, prescribers, nurses, medical assistants, and patients to help save time and avoid confusion. Consider how patients and prescribers will address the shortage and any transitions to substitute medications. Encourage patients to reorder maintenance medications when they have about five to seven days' worth left, to reduce the chance of running out of medications.

Step 6: Implement Ways to Minimize the Impact of Future Drug Shortages

Encourage patients to avoid hoarding or stockpiling. This can lead to artificial shortages and an increase in expired drugs if they are not able to use them in a timely manner. Watch for communication from professional organizations about shortages so you can plan ahead.

Step 7: Make the Most of the Situation

Use drug shortages as an opportunity to review medication lists and refill history.

Unnecessary medications may be able to be discontinued.

Therapies may be able to be streamlined.

Nonadherence may be identified.

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. Fox ER, McLaughlin MM. ASHP guidelines on managing drug product shortages. Am J Health Syst Pharm 2018;75:1742-50.
2. Fox ER, Sweet BV, Jensen V. Drug shortages: a complex health care crisis. Mayo Clin Proc 2014;89:361-73.
3. <https://www.pharmacytimes.com/view/drug-shortages-raise-critical-safety-concerns>

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)