PREFERRED DRUG LIST UPDATES

- **Integrated (Title 19/21 SMI):**
  - Added mesalamine 1.2GM
  - Added moxifloxacin 0.5% ophthalmic; removed Vigamox
  - Ceftriaxone injection QLL removed

- **Behavioral Health (GMH/SA & Non-Title 19/21):**
  - None

IN THE NEWS

- **Gabapentin Abuse**
  - Currently a non-controlled substance, gabapentin has been found to be widely abused on the street, being sold under nicknames such as “gabbies”.
  - When taken with opioids, benzodiazepines, or muscle relaxants gabapentin enhances the high, giving a sense of relaxation and euphoria.¹
  - Some states have already begun to take action²:
    - Ohio began requiring pharmacies to report prescription sales of gabapentin through their prescription drug monitoring program
    - Kentucky has reclassified gabapentin as a Schedule V controlled substance
  - Gabapentin is FDA approved for treatment of partial seizures, post-herpetic neuralgia and restless leg syndrome, but is used off-label for multiple medical conditions such as bipolar disorder, anxiety, neuropathic pain, attention deficit disorder, insomnia, and alcohol withdrawal.
  - Prescribers should be cautious in prescribing gabapentin, especially in patients with a history of drug abuse or that are currently on controlled substances.

- **Diabetes Mellitus and Behavioral Health Diagnoses**
  - The results of a meta-analysis published this year in General Hospital Psychiatry found that the prevalence of diabetes mellitus (DM) was higher in the psychiatric setting than in the general population.³
  - Etiology was unclear, but antipsychotic medication use could be a contributing factor.
  - The findings suggest that routine screening is important to rule out DM, as well as pre-diabetic syndromes, to allow for timely intervention.

DEPRESCRIBING OF PROTON PUMP INHIBITORS (PPIs)⁴

- Chronic use of PPIs is on the rise, although evidence has shown that long-term use can lead to serious risks, such as kidney disease, hip fracture, hypocalcemia, and hypomagnesemia.
- PPIs were added to the Beers list of potentially inappropriate medications for older adults, specifically to avoid use for over 8 weeks in patients not at high risk of gastrointestinal disease.
- It is now recommended by the American Gastroenterological Association that for treatment of uncomplicated GERD the dose should be only once daily.
An evidence-based guideline for deprescribing PPIs was published in May 2017 that focused mainly on the following:

- Adults taking a PPI continuously for over 4 weeks for treatment of GERD or mild to moderate esophagitis
- Discontinuation after short-term treatment for stress ulcer prophylaxis, peptic ulcer disease, or *Helicobacter pylori* infection
- Reducing dose or frequency when indicated
- Gradual taper to reduce dose or discontinue to avoid symptom relapse
- Patient education and follow up


**FIVE WAYS TO IMPROVE YOUR ADHD HEDIS FOLLOW-UP SCORES**

**What is the HEDIS measure?**

- The HEDIS measure is the percentage of children, ages 6-12 years old, who have had a new prescription for an ADHD medication dispensed and have had at least:
  - One follow-up visit within 30 days of medication dispensed with a practitioner who has prescribing authority (initiation phase)
  - Two follow-up visits within 270 days (9 months) after the end of the initiation phase (continuation and maintenance phase)

**Best practices for improving your ADHD HEDIS scores:**

- When the initial prescription is written, schedule the follow-up visit to occur within 14 to 21 days. This is needed to assess how the medication is working. Schedule the follow-up visit before your patient leaves the office.
- The initial follow-up visit occurs before a refill is given.
- After the first 30 days, continue to monitor your patient’s progress. Schedule your patient for two more visits over the next nine months. You may need to see your patient more often as you adjust the medication.
- If the member cancels an appointment, please reschedule immediately.
- During your patients visit, encourage parents and caregivers to ask questions about their child’s ADHD, such as how to care for the condition and why it is important to adhere to your instructions.

For American Academy of Child and Adolescent Psychiatry guidelines and patient resources, visit [www.aacap.org](http://www.aacap.org)

**References**


**Prior Authorization:** 1-800-564-5465, option 2 (providers), option 1 (Mercy Maricopa members), option 5 (pharmacy PA)

**Website:** [http://www.mercymaricopa.org/providers/mmic/pharmacy](http://www.mercymaricopa.org/providers/mmic/pharmacy)

*This information is brought to you by the Mercy Maricopa Pharmacy Team. For questions, please email Lauren Pruett (pruettL@mercymaricopa.org) or Michelle Cavner (cavnerm@mercymaricopa.org)*

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