

# CA-ADAP Formulary Review: Antipsychotics

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# CA-ADAP Formulary Review: AGENDA

- 1 Disease State Overview
- 2 Medications currently on formulary & their utilization
- 3 Denied claims data
- 4 Other ADAP formularies
- 5 Recommendations
- 6 Discussion



# Therapeutic Class Review

ANTIPSYCHOTIC AGENTS

# Features of Schizophrenia



- **Schizophrenia**: A chronic brain disorder where people interpret reality abnormally. It affects how a person thinks, feels, and behaves.
  - Positive symptoms:
    - Hallucinations
    - Delusions
    - Paranoia
    - Exaggerated or distorted perceptions, beliefs, and behaviors
  - Negative symptoms:
    - Flattened affect
    - Reduced ability to experience pleasure
    - Decreased desire to initiate plans
  - Disorganized symptoms:
    - Confused and disordered thinking and speech
    - Trouble with logical thinking
    - Bizarre behavior
    - Abnormal movements
  - Cognition can also be affected, leading to problems with attention, concentration and memory, and to declining educational performance

# Schizophrenia and Co-Morbid Conditions



- Other conditions, including HIV infection, are more frequent in people with serious mental illness
- Mortality is increased in individuals with schizophrenia, and the average life span is shortened by a decade or more (typically related to comorbid conditions)
- Mental health is a strong predictor of adherence to meds
  - Managing mental health can improve quality of life and psychological well-being, therefore increasing adherence to ARV therapy

# Treatment of Schizophrenia



- Schizophrenia requires lifelong treatment, even when symptoms have subsided
  - Goals of Treatment: symptom remission and restoring baseline function at the lowest possible dose
- General guidelines, particularly for patients with symptomatic HIV disease, include the following:
  - Using lower starting doses and slower titration
  - Providing the least complicated dosing schedules possible
  - Focusing on drug side effect profiles to avoid unnecessary adverse events
  - Maintaining awareness of drug metabolism/clearance pathways to minimize drug-drug interactions and possible end organ damage.
- Clinical guidelines suggest treatment with a single agent but do not recommend any agent over another
  - Treatment with more than one antipsychotic should be avoided

# Schizophrenia Medications



- **Atypical Antipsychotics (Second generation antipsychotics):** serotonin-dopamine antagonists
- **Place in Therapy:** Recommended as ***initial therapy*** for most patients
  - Pose lower risk of serious side effects than 1<sup>st</sup> generation
- **Considerations:** Effects on different receptors vary among agents
  - All agents have boxed warnings of increased mortality when used in the elderly or those with dementia related psychosis.
  - **Common side effects include the following:** weight gain and related metabolic effects, hypotension, sedation, anticholinergic symptoms, hyperprolactinemia, EPS, cardiac effects, and sexual dysfunction

Agent	Generic	CA ADAP FORMULARY	AZ	CT	FL	NY	TX	WA	Comments
<b>Aripiprazole (ABILIFY)</b>	X	X	X	X	X	X	-	-	<ul style="list-style-type: none"> <li>•Dose 10-30mg daily</li> <li>•Also indicated for BD, MDD, Autism, and Tourettes</li> </ul>
<b>Olanzapine (ZYPREXA)</b>	X	X	X	X	X	X	-	X	<ul style="list-style-type: none"> <li>•Associated with high incidence of weight gain</li> <li>•Dose 10-20mg daily (max 20mg/day)</li> <li>•Also indicated for BD</li> </ul>
<b>Quetiapine (SEROQUEL)</b>	X	X	X	X	X	X	-	X	<ul style="list-style-type: none"> <li>•Dosing limited by sedation, orthostatic hypotension.</li> <li>•Dose 150-750mg daily (in 2-3 divided doses); ER 400-800mg daily</li> <li>•Also indicated for BD and MDD (ER form)</li> </ul>
<b>Risperidone (RISPERDAL)</b>	X	X	X	X	X	X	-	X	<ul style="list-style-type: none"> <li>•Dose 2-8mg daily</li> <li>•Also indicated for BD and Autism</li> </ul>
<b>Ziprasidone (GEODON)</b>	X	X	-	-	X	X	-	X	<ul style="list-style-type: none"> <li>•Dose 20-100mg twice daily</li> <li>•Also indicated for BD</li> </ul>

• Atypical Antipsychotics cont'd



Agent	Generic	CA ADAP FORMULARY	AZ	CT	FL	NY	TX	WA	Comments
Asenapine (SAPHRIS)	X	-	-	-	-	-	-	-	<ul style="list-style-type: none"> <li>Formulated as a SL tab- no eating or drinking within 10 minutes of treatment</li> <li>Dose 5-10mg twice daily</li> <li>Also indicated for BD</li> </ul>
Brexpiprazole (REXULTI)	-	-	-	-	-	-	-	-	<ul style="list-style-type: none"> <li>Dose 1-4mg daily</li> <li>Also indicated for MDD</li> </ul>
Cariprazine (VRAYLAR)	-	-	-	-	-	-	-	-	<ul style="list-style-type: none"> <li>Not recommended in those with severe renal or hepatic impairment</li> <li>Dose of 1.5-6mg daily</li> <li>Also indicated for BD</li> </ul>
Clozapine (CLOZARIL, VERSACLOZ)	X	-	-	-	-	X	-	X	<ul style="list-style-type: none"> <li>Dose of 300-450mg daily (in divided doses), max 900mg/day</li> <li>Prior to initiating treatment, ANC must be obtained (<math>\geq 1500/\text{mm}^3</math>)</li> <li>Typically saved for treatment-resistant schizophrenia</li> </ul>



• Atypical Antipsychotics cont'd



Agent	Generic	CA ADAP FORMULARY	AZ	CT	FL	NY	TX	WA	Comments
Iloperidone (FANAPT)	-	-	-	-	-	-	-	-	<ul style="list-style-type: none"> <li>Dose 6-12mg twice daily (max 24mg/day)</li> </ul>
Lumateperone (CAPLYTA)	-	-	-	-	-	-	-	-	<ul style="list-style-type: none"> <li>Dose 42mg daily</li> <li>Dose titration is not required</li> </ul>
Lurasidone (LATUDA)	-	-	-	-	-	-	-	-	<ul style="list-style-type: none"> <li>Pregnancy Category B</li> <li>Must take with a meal to be adequately absorbed.</li> <li>Dose adjust for renal or hepatic impairment.</li> <li>Dose 40mg daily (max 160mg/day)</li> <li>Also indicated for BD</li> </ul>
Paliperidone (INVEGA)	X	-	-	-	-	-	-	-	<ul style="list-style-type: none"> <li>Dose 6mg daily (range 3-12mg/day, max 12mg/day)</li> <li>Also indicated for Schizoaffective disorder</li> </ul>



# Formulary Management Recommendations: Schizophrenia

Lurasidone (LATUDA)

Consider addition to the ADAP formulary

# References



1. Torres, M.D., MBA, DFAPA, F., 2020. *What Is Schizophrenia?*. [online] Psychiatry.org. Available at: <<https://www.psychiatry.org/patients-families/schizophrenia/what-is-schizophrenia>> [Accessed 8 March 2022].
2. psychiatryonline.org. 2020. *Guideline Statements and Implementation | Practice Guidelines*. [online] Available at: <<https://psychiatryonline.org/doi/full/10.1176/appi.books.9780890424841.Schizophrenia03>> [Accessed 8 March 2022].
3. McIntyre, M.D., J., Charles, M.D., S., Anzia, M.D., D., Cook, M.D., I. and Finnerty, M.D., M., 2010. [online] Psychiatryonline.org. Available at: <[https://psychiatryonline.org/pb/assets/raw/sitewide/practice\\_guidelines/guidelines/hiv aids.pdf](https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/hiv aids.pdf)> [Accessed 8 March 2022].

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