



Single Preferred Drug List Update (Effective 4/1/2023)

The [Single Preferred Drug List \(SPDL\)](#) will tell you the formulary status of medications for patients on the Apple Health plan. A single preferred drug list among the different managed care organizations in Washington State ensures continuity of care for members. The Health Care Authority (HCA) continues to make updates on a quarterly update. Changes* that can be expected for 4/1/2023 include:

- Stimulants must have diagnosis of ADHD at point of sale*
- For buprenorphine pharmacy can submit EA code while initiating PA for a 7-day supply for non-pregnant patients with a max of 2 EA overrides allowed every 6 months
- Moving to nonpreferred status:
 - Wakix
- Moving to preferred status:
 - Xiidra
 - Anoro Ellipta
 - Eucrisa
 - Qelbree*
 - Dupixent*

*A complete listing of 7/1/23 formulary status will be available on the HCA website on 7/7/23.

*At point of sale in the pharmacy, those 18 years of age and older that are filling a stimulant must have a diagnosis of ADHD or else a prior authorization will be needed.

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*Qelbree not approved for ages 0-5, will require SON review. Qelbree also requires prior authorization for ages 6+.

*Dupixent requires prior authorization.

Have a Patient Going on Vacation?

Is your patient traveling soon and needs to fill their chronic medication(s) early or for more than a 90-day supply? CHPW offers larger days' supply overrides allowing a prescription to be filled early or for more than a 90-day supply. This makes it possible for your patient to have enough medication on hand for the period they are not able to fill at their regular pharmacy.

Providers can make requests on behalf of their patient for the override allowing an early fill prior to a vacation or a larger days' supply of chronic medication(s) by calling CHPW Customer Service at:
1-800-440-1561

Antidepressant Medication Management (AMM)

Why antidepressant medication management matters? Major depression is the 10th leading cause of death in the United States each year.^{1,2} Depression can have a significant negative impact on patients' health and overall quality of life. Increasing patient's medication adherence

can improve patients' quality of life and reduces the risk of suicide.

How can AMM help? AMM can help clinicians improve medication adherence by monitoring treatment efficacy and managing undesirable side effects in patients 18 years of age or older with new treatment with antidepressants and those on continued therapy.

Per NCQA's HEDIS measure clinicians should monitor two AMM measures: *Effective Acute Treatment Phase* and *Effective Continuation treatment Phase*.³

Effective Acute Treatment Phase reports patients who remained on an antidepressant medication for at least 84 days (12 weeks). Effective Continuation treatment Phase reports patients who remained on an antidepressant medication for at least 180 days (6 months).

References

1. National Alliance on Mental Illness. 2013. "Major Depression Fact Sheet: What is Major Depression?"
2. Centers for Disease Control and Prevention. 2012. "Suicide Facts at a Glance 2012."
3. <https://www.ncqa.org/hedis/measures/antidepressant-medication-management/>

Making Connections

We welcome your feedback and future topic ideas. Email us at: PharmacyR@chpw.org