



# PHARMACY POCKET GUIDE

*for*

\_\_\_\_\_  
MEDICAID,  
AMBETTER (MARKETPLACE)  
*and* ALLWELL (MEDICARE)

**October 2020**

## Arizona Complete Health Providers:

This pocket guide has been designed to improve care for our members, your patients.

We appreciate your partnership as we seek to improve health outcomes and lower costs when appropriate.

As providers, you are best positioned to understand the needs of our members, your patients, but our Pharmacy Team is here to help.

Reach us at **1-888-788-4408, ext. 6031278,**  
or **[AzCHPharmacy@azcompletehealth.com](mailto:AzCHPharmacy@azcompletehealth.com)**.



# TABLE OF CONTENTS

## GENERAL TOOLS

E-PRESCRIBING.....	4
MEDICATION ADHERENCE.....	5
BIOSIMILAR DRUGS.....	6
QTC PROLONGATION.....	7
TAPERING OPIOIDS .....	8
TAPERING BENZODIAZEPINES .....	9

# E-PRESCRIBING

**GOAL: E-Prescribe at least 80% of your prescriptions. Why?**

- Reduces fraud and abuse from forgeries or stolen Rx pads
- Reduces errors from illegible hand writing
- Increases patient adherence
- Reduces phone calls questioning Rx
- Improves safety from up-front identification of drug interactions, therapeutic duplication, and outlier dosing.

**Available Resources:** Health Current can help answer questions and assist in overcoming barriers to E-Prescribing.

Email: [erx@healthcurrent.org](mailto:erx@healthcurrent.org)  
or call (602) 449-7873.

# MEDICATION ADHERENCE

## ASK THE RIGHT QUESTIONS

### (Morisky Scale):

- Do you ever forget to take your medicine?
- Are you careless at times about taking your medicine?
- When you feel better, do you sometimes stop taking your medicine?
- Sometimes if you feel worse when you take the medicine, do you stop taking it?

Scoring the Morisky Scale Yes=0 and No=1

Zero is the lowest level of medication adherence and 4 is the highest level of medication adherence

**Unintentional non-adherence** (forgetting) — recommend adherence apps (MyMedSchedule, MyMeds, and RxmindMe are top rated), set an alarm, use a pill box, and/or prescribe a 90-day supply.

Allwell (Medicare) members can call **(844) 478-2717** and request Med Synchronization to align all the refills on the same date (only available for Medicare at this time).

**Intentional non-adherence** — educate on medication importance, address side effects, change medication.

**SOURCE:** Morisky DE, Green LW, Levine DW. Concurrent and predictive validity of a self-reported measure of medication adherence. *Medical Care* 1986;24:67-74.

# BIOSIMILARS

**If you're prescribing: Avastin, Herceptin, Neulasta, Neupogen, Remicade, Rituxan and soon Enbrel and Humira; consider a biosimilar instead.**

## SAFETY

The European Medicines Agency (EMA) first approved biosimilar drugs in 2006. After more than 10 years of post-marketing surveillance, there have been no reported differences in the safety profile of biosimilar agents compared with their originators.

- As healthcare expenditures rise, biosimilar drugs represent a clear opportunity to reduce healthcare costs while maintaining patient access to vital therapies. We request providers advocate for the use of biosimilar agents to align with the foundation of our purpose.
- We follow the AHCCCS PDL for Medicaid coverage of biosimilar drugs. Please check the Preferred Drug List or Formulary to confirm which products are preferred for the appropriate line of business.

<https://www.azcompletehealth.com/providers/pharmacy.html>

# QTC PROLONGATION

Prolongation of the QT interval increases the risk of the ventricular arrhythmia torsades de pointes (TdP) and sudden cardiac death.

## RISKS

Taking medications such as methadone, ondansetron, anti-arrhythmia drugs, select antipsychotics, antidepressants, antibiotics, antifungals or drugs that inhibit their metabolism. Other risk factors include older age, female gender, electrolyte abnormalities (e.g. low potassium), and cardiovascular disease.

## ACTIONS TO CONSIDER

- Order ECG to check QTc
- Check electrolytes
- Reduce dose of drug(s) with TdP/QT risk or consider alternatives
- Request a cardiology consultation
- Assess other cardiovascular risk factors including alcohol misuse and smoking status.

Register for a free QTc prolongation tool at <https://medsafetyscan.org/>

# TAPERING OPIOIDS

**Why? Opioids at doses  $\geq$  50 morphine equivalent dose (MED) per day increase overdose risk.**

## **RULES**

Taper short acting opioids before long acting opioids. Taper opioids before benzodiazepines.

## **HOW TO TAPER?**

- Short acting narcotics
  - Taper by 10% of initial total dose every 3 days if current total MED is  $<10\%$  of starting total MED.
  - Taper by 10% of initial total dose every week if current total MED is  $>10\%$  of starting total MED.
- Long acting narcotics
  - Decrease dose by 10% of original dose per week.

Treat symptoms of opioid withdrawal with supportive drugs such as clonidine, loperamide, ondansetron and NSAIDs if needed.

Refer to a pain specialist or center specializing in withdrawal treatment if complicated withdrawal symptoms occur.



# TAPERING BENZODIAZEPINES

**Who should taper slowly?** Patients on long-term, high dosage, and/or shorter half-life benzodiazepines. Taper opioids before benzodiazepines.

## HOW TO TAPER?

- Switch to a longer acting agent such as diazepam using an Equivalency Chart — **HERE**.
- Initially, reduce calculated total daily dose by 25-50%.
- Follow up in 2-4 days to adjust initial calculated dose if needed.
- Further reduce total daily dose of long acting agent by 5-10% per week and <5% per week once  $\frac{1}{4}$  to  $\frac{1}{2}$  of the dose has been reached.
- Consider adjunctive agents to help with withdrawal symptoms such as trazodone, buspirone, hydroxyzine, clonidine, antidepressants, neuroleptics and alpha blocking agents.

## REMINDERS

Patient education and adherence to agreed tapering schedule is essential for success.

Withdrawal symptoms are patient specific and may appear 3 days to two weeks after taper initiation and will generally subside by the fourth week.

Accurate symptom identification is important to ensure that the patient does not go into withdrawal seizures.

**AZCompleteHealth.com**

**Ambetter.AZCompleteHealth.com**

**Allwell.AZCompleteHealth.com**

**1-888-788-4408, ext. 6031278**



**@azcompletehealth**

© 2019 Arizona Complete Health Plan.

All rights reserved.



**arizona  
complete health™**