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
  o **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:
  o Using lower starting doses and slower titration
  o Providing the least complicated dosing schedules possible
  o Focusing on drug side effect profiles to avoid unnecessary adverse events
  o 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
  o 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 1st 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

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<th>Agent</th>
<th>Generic</th>
<th>CA ADAP FORMULARY</th>
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<th>Comments</th>
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<tbody>
<tr>
<td>Aripiprazole (ABILIFY)</td>
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<td>X</td>
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<td>•Dose 10-30mg daily</td>
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<td>•Also indicated for BD, MDD, Autism, and Tourettes</td>
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<td>Olanzapine (ZYPREXA)</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
<td>•Associated with high incidence of weight gain</td>
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<td>•Dose 10-20mg daily (max 20mg/day)</td>
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<td>•Also indicated for BD</td>
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<td>Quetiapine (SEROQUEL)</td>
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<td>•Dosing limited by sedation, orthostatic hypotension.</td>
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<td>•Dose 150-750mg daily (in 2-3 divided doses); ER 400-800mg daily</td>
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<td>•Also indicated for BD and MDD (ER form)</td>
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<td>Risperidone (RISPERDAL)</td>
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<td>X</td>
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<td>X</td>
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<td>X</td>
<td>•Dose 2-8mg daily</td>
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<td>•Also indicated for BD and Autism</td>
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<td>Ziprasidone (GEODON)</td>
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<td>X</td>
<td>•Dose 20-100mg twice daily</td>
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<td>•Also indicated for BD</td>
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**Atypical Antipsychotics cont’d**

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<tr>
<th>Agent</th>
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</table>
| Asenapine (SAPHRIS)| X       | -                 | -  | -  | -  | -  | -  | -  | • Formulated as a SL tab- no eating or drinking within 10 minutes of treatment  
  • Dose 5-10mg twice daily  
  • Also indicated for BD                                                                                       |
| Brexpiprazole (REXULTI) | -        | -                 | -  | -  | -  | -  | -  | -  | • Dose 1-4mg daily  
  • Also indicated for MDD                                                                                       |
| Cariprazine (VRAYLAR) | -        | -                 | -  | -  | -  | -  | -  | -  | • Not recommended in those with severe renal or hepatic impairment  
  • Dose of 1.5-6mg daily  
  • Also indicated for BD                                                                                       |
| Clozapine (CLOZARIL, VERSACLOZ) | X        | -                 | -  | -  | -  | -  | X  | X  | • Dose of 300-450mg daily (in divided doses), max 900mg/day  
  • Prior to initiating treatment, ANC must be obtained (>= 1500/mm3)  
  • Typically saved for treatment-resistant schizophrenia                                                                                       |
**Atypical Antipsychotics cont’d**

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<td>Iloperidone (FANAPT)</td>
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<td>• Dose 6-12mg twice daily (max 24mg/day)</td>
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<td>Lumateperone (CAPLYTA)</td>
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<td>• Dose 42mg daily</td>
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<td>• Dose titration is not required</td>
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<td>Lurasidone (LATUDA)</td>
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<td>• Pregnancy Category B</td>
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<td>• Must take with a meal to be adequately absorbed.</td>
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<td>• Dose adjust for renal or hepatic impairment.</td>
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<td>• Dose 40mg daily (max 160mg/day)</td>
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<td>• Also indicated for BD</td>
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<td>Paliperidone (INVEGA)</td>
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<td>• Dose 6mg daily (range 3-12mg/day, max 12mg/day)</td>
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<td>• Also indicated for Schizoaffective disorder</td>
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Formulary Management
Recommendations: Schizophrenia

Lurasidone (LATUDA) Consider addition to the ADAP formulary
References


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