

Georgia – Unified Behavioral Health/Substance Use Disorder Drug List

Medicaid and State Health
Benefit Plan

Report Appendices

Georgia Office of Health Strategy and Coordination
(OHSC)

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Appendix A

Mercer and OHSC's Proposed Medicaid/PeachCare for Kids Preferred Drug List (PDL)

Below is a draft proposed Medicaid PDL. The table below was updated to recommend olanzapine ODT as a preferred product after review of the member utilization data (in the December 2022 report, this drug was previously recommended to be non-preferred). These recommendations are subject to change pending a full fiscal analysis at a future time when rebate data is obtained.

Stimulants and Narcolepsy Treatments		
Preferred	Non-Preferred	
amphetamine-dextroamphetamine	Adderall	Intuniv
amphetamine-dextroamphetamine ER	Adderall XR	Jornay PM
atomoxetine	Adhansia XR	Kapvay
clonidine	Adzenys ER	Metadate ER
clonidine ER	Adenzys XR-ODT	methamphetamine
dexmethylphenidate	amphetamine	Methylin
dexmethylphenidate ER	amphetamine ER	modafinil
dextroamphetamine	Aptensio XR	Mydayis
guanfacine	armodafinil	Nuvigil
guanfacine ER	Azstarys	Procentra
methylphenidate	Concerta	Provigil
methylphenidate ER, LA and CD	Cotempla XR-ODT	Qelbree
methylphenidate patch	Daytrana	Quillivant XR
Vyvanse	Dexedrine	Quillichew ER
	Desoxyn	Relexxii
	Dynavel XR	Ritalin
	Evekeo	Ritalin LA
	Evekeo ODT	Strattera
	Focalin	Sunosi
	Focalin XR	Zenzedi

Anti-Anxiety Agents			
Preferred		Non-Preferred	
alprazolam solution	diazepam solution	alprazolam ER, XR	Tranxene T-Tab
alprazolam tablets	hydroxyzine	alprazolam ODT	Valium
bupirone	lorazepam tablets	Ativan	Vistaril
chlordiazepoxide	lorazepam solution	lorazepam infusion	Xanax
clorazepate	oxazepam	Loreev XR	Xanax XR
diazepam tablets		meprobamate	
Antidepressants SSRIs and SNRIs			
Preferred		Non-Preferred	
citalopram	fluvoxamine ER	Celexa	Lexapro
desvenlafaxine ER (generic for Pristiq)	paroxetine	Cymbalta	Paxil
duloxetine	paroxetine ER	desvenlafaxine ER (generic for Khedezla)	Paxil CR
escitalopram	sertraline	Drizalma sprinkle	Pexeva
fluoxetine	venlafaxine	Effexor XR	Pristiq
fluvoxamine	venlafaxine ER	Fetzima	Prozac
		fluoxetine DR	venlafaxine besylate ER
		Khedezla	Zoloft
Antidepressants – Other Antidepressants			
Preferred		Non-Preferred	
amitriptyline	imipramine	Anafranil	Remeron
amoxapine	nortriptyline	Aplenzin	Remeron Solutab
bupropion	mirtazapine	Emsam	Spravato
bupropion ER	mirtazapine ODT	Forfivo XL	Surmontil
clomipramine	nefazodone	maprotiline	Tofranil
desipramine	trazodone	Marplan	trimipramine
doxepin	Trintellix	Nardil	tranylcypromine
		Norpramin	Viibryd
		Pamelor	vilazodone
		Parnate	Wellbutrin SR
		phenelzine	Wellbutrin XL
		protriptyline	Zulresso

Antipsychotics – Oral			
Preferred		Non-Preferred	
aripiprazole	paliperidone ER	Abilify	Nuplazid
carbamazepine	perphenazine	Abilify MyCite	olanzapine/fluoxetine
chlordiazepoxide/amitriptyline	perphenazine/ amitriptyline	Adasuve	Rexulti
chlorpromazine	quetiapine	aripiprazole ODT	Risperdal
clozapine	quetiapine ER	asenapine SL	Saphris
fluphenazine	risperidone	Caplyta	Secuado
haloperidol	risperidone ODT/ M-tab	Clozaril	Seroquel
Latuda	thioridazine	clozapine ODT	Seroquel XR
lithium	thiothixine	Equetro	Symbyax
loxapine	trifluoperazine	Fanapt	Versacloz
molindone	ziprasidone	Fazaclor	Vraylar
olanzapine		Geodon	Zyprexa
olanzapine ODT		Invega	Zyprexa Zydis
		Lybalvi	
Antipsychotics – Injectable			
Preferred		Non-Preferred	
Abilify Maintena	Invega Sustenna	Geodon	
Aristada	Invega Trinza		
Aristada Initio	Perseris		
fluphenazine	Risperdal Consta		
haloperidol	ziprasidone		
Invega Hafyera	Zyprexa Relprevv		
Medication Assisted Therapy			
Preferred		Non-Preferred	
acamprosate		Antabuse	Sublocade
buprenorphine tablet		Bunavail	Suboxone
buprenorphine/naloxone tablet		Buprenex	Zubsolv
buprenorphine/naloxone film		Lucemyra	
disulfiram		nalbuphine	
naltrexone		Probuphine Implant	
Vivitrol			

Opioid Rescue Treatment	
Preferred	Non-Preferred
Kloxxado naloxone Narcan	Evzio LifEMS Naloxone nalmeferone Zimhi
Smoking Cessation Agents	
Preferred	Non-Preferred
bupropion ER nicotine polacrilex (gum) nicotine polacrilex (lozenge) nicotine transdermal system varenicline	apo-varenicline Chantix Commit Habitrol KLS Quit Nicoderm CQ Nicorelief Nicorette Nicotrol Inhaler Nicotrol NS Px Stop Smoking Aid Thrive Zyban

Appendix B

Mercer and OHSC's Proposed Aligned SHBP Formulary

Below is a draft proposed SHBP Formulary. No changes were made to this proposed formulary list after review of member utilization data. These recommendations are subject to change pending a full fiscal analysis at a future time when rebate data is obtained.

Stimulants and Narcolepsy Treatments			
Preferred		Non-Preferred	
amphetamine		Adderall	Intuniv
amphetamine-dextroamphetamine		Adderall XR	Jornay PM
amphetamine-dextroamphetamine ER		Adhansia XR	Kapvay
atomoxetine		Adzenys ER	Metadate ER
clonidine		Adenzys XR-OTD	methamphetamine
clonidine ER		amphetamine ER	Methylin
dexmethylphenidate		Aptensio XR	modafinil
dexmethylphenidate ER		armodafinil	Mydayis
dextroamphetamine		Azstarys	Nuvigil
guanfacine		Concerta	Provigil
guanfacine ER		Cotempla XR-ODT	Relexxii
methylphenidate		Daytrana	Ritalin
methylphenidate ER, LA, and CD		Dexedrine	Ritalin LA
methylphenidate patch		Desoxyn	Qelbree
Procentra		Dynavel XR	Quillivant XR
Vyvanse		Evekeo	Quillichew ER
Zenzedi		Evekeo ODT	Strattera
		Focalin	Sunosi
		Focalin XR	
Anti-Anxiety Agents			
Preferred		Non-Preferred	
alprazolam tablets	diazepam solution	Ativan	Tranxene T-Tab
alprazolam ER, XR	hydroxyzine	alprazolam ODT	Valium
alprazolam solution	lorazepam tablets	lorazepam infusion	Vistaril
bupirone	lorazepam solution	Loreev XR	Xanax
chlordiazepoxide	oxazepam	meprobamate	Xanax XR
clorazepate			
diazepam tablets			

Antidepressants SSRIs and SNRIs			
Preferred		Non-Preferred	
citalopram	fluvoxamine ER	Celexa	Paxil
desvenlafaxine ER	paroxetine	Cymbalta	Paxil CR
duloxetine	paroxetine ER	Drizalma sprinkle	Pexeva
escitalopram	sertraline	Effexor XR	Pristiq
fluoxetine	venlafaxine	Fetzima	Prozac
fluoxetine DR	venlafaxine ER	Khedeza	venlafaxine besylate ER
fluvoxamine		Lexapro	Zoloft
Antidepressants – Other Antidepressants			
Preferred		Non-Preferred	
amitriptyline	mirtazapine	Anafranil	Remeron
amoxapine	mirtazapine ODT	Aplenzin	Remeron Solutab
bupropion	nefazodone	Emsam	Spravato
bupropion ER	phenelzine	Forfivo XL	Surmontil
clomipramine	protriptyline	Marplan	Tofranil
desipramine	tranylcypromine	Nardil	Viibryd
doxepin	trazodone	Norpramin	vilazodone
imipramine	trimipramine	Pamelor	Wellbutrin SR
nortriptyline	Trintellix	Parnate	Wellbutrin XL
maprotiline			Zulresso
Antipsychotics and Mood Stabilizers			
Preferred		Non-Preferred	
aripiprazole	olanzapine ODT	Abilify	Nuplazid
aripiprazole ODT	olanzapine/fluoxetine	Abilify Maintena	perphenazine/amitriptyline
asenapine SL	perphenazine	Abilify MyCite	Perseris
carbamazepine	paliperidone ER	Adasuve	Rexulti
chlorpromazine	quetiapine	Aristada	Risperdal
clozapine	quetiapine ER	Aristada Initio	Risperdal Consta
clozapine ODT	thioridazine	Caplyta	Saphris
fluphenazine	thiothixene	Clozaril	Secuado
Geodon	trifluoperazine	chlordiazepoxide/ amitriptyline	Seroquel
haloperidol	ziprasidone	Equetro	Seroquel XR
Latuda	risperidone	Fanapt	Symbyax
lithium	risperidone ODT/M-tab	Fazaclo	Versacloz
loxapine		Geodon	Vraylar
molindone		Invega	ziprasidone
olanzapine		Invega Hafyera	Zyprexa
		Invega Sustenna	Zyprexa Relprev
		Invega Trinza	Zyprexa Zydis
		Lybalvi	

Medication Assisted Therapy		
Preferred	Non-Preferred	
acamprosate buprenorphine tablet buprenorphine/naloxone tablet buprenorphine/naloxone film disulfiram naltrexone	Antabuse Bunavail Buprenex Lucemyra nalbuphine Probuphine Implant	Sublocade Suboxone Zubsolv Vivitrol
Opioid Rescue Treatment		
Preferred	Non-Preferred	
naloxone	Evzio Kloxxado LifEMS Naloxone nalmefene Narcan Zimhi	
Smoking Cessation Agents		
Preferred	Non-Preferred	
bupropion ER varenicline	apo-varenicline Chantix Commit Habitrol KLS Quit Nicoderm CQ Nicorelief Nicorette nicotine polacrilex (gum)	nicotine polacrilex (lozenge) nicotine transdermal system Nicotrol Inhaler Nicotrol NS Px Stop Smoking Aid Thrive Zyban

Appendix C

Member Disruption Analysis

Generally, Mercer’s analysis suggests minimal member disruption upon implementation of the unified PDL and formulary lists proposed in Appendix A and B, respectively. Many of the disrupted members would experience only a minor change from a brand to generic drug product at the pharmacy counter, which could be completed by the dispensing pharmacist and would not require a new prescription.

To measure member disruption, Mercer first quantified the potential disruption points. Potential disruption points were defined as member-product pairs. For example, a member currently utilizing both fluoxetine and Geodon would represent two potential disruption points. Once the potential disruption points were identified, Mercer calculated the number of expected disruptions, which were defined as instances where members would be required to shift to a product requiring a new prescription, shift from brand to generic, or receive prior authorization approval for the existing prescription. In the example above, fluoxetine is a preferred agent and Geodon is a non-preferred agent on the proposed unified PDL; while the member represents two potential disruption points, there is only one expected disruption upon implementation.

Mercer evaluated only preferred and non-preferred status in the member disruption analysis. Mercer did not incorporate alignment of other utilization management requirements, such as quantity limits or age edits, into the disruption analysis. To be conservative, Mercer counted as “expected disruption” a situation in which a member would be required to switch to a bioequivalent brand or generic of the same product, even though a new prescription would not be required.

Overall, minimal member disruption is expected under the proposed unified behavioral health and substance use disorder PDL and formulary, measured as both the percentage of potential disruption points and as a percentage of overall members.

The member disruption analysis is subject to change if the proposed unified PDL is modified based on rebate informed financial analysis or for any other reason.

Medicaid/Peach Care for Kids Analysis

Table 1: Alignment by Product in Medicaid/Peach Care

	Current State	Proposed Unified PDL
Unique Drug Products Aligned	197 (63%)	315 (100%)
Unique Drug Products Not Aligned	118 (37%)	0

*A unique drug product is considered aligned if the preferred or non-preferred status is the same across FFS and all the CMOs. Unique drug products are defined by product name without regard to dose or strength. Brands and generics are counted as separate products, when applicable.

Of the 118 drug products that will be newly aligned on the unified PDL, 46 of them (or 39%) are recommended to be listed as non-preferred. Some proposed non-preferred products do not have current utilization. No disruption is expected if no members are currently using a drug that is moving to non-preferred status. Additionally, no disruption is expected if a member is currently using a product that is listed as non-preferred by their plan and is recommended to be non-preferred in the new unified PDL environment; the member's medical necessity approval is expected to continue upon implementation of the new unified PDL.

Table 2: Medicaid Disruption Analysis

	Count of Unaligned Products that are Recommended to be non-Preferred	Count of Unaligned Products with ≥1 Member Utilizing it	Potential Disruption Points	Rolling Member Enrollment (Apr – Jun 2022)	Expected Disruptions	Expected Disruptions as a Percent of Potential Disruption Points	Expected Disruptions as a Percent of Total Enrollment
FFS	8	6	300,574	242,801	10,474	3.48%	4.31%
Peach State	18	8	280,507	1,021,537	100	0.04%	0.01%
CareSource	9	1	137,508	441,134	1	0.00%	0.00%
Amerigroup	14	4	199,357	600,499	44	0.02%	0.01%
Totals	46*	19	917,946	2,305,970	10,619	1.16%	0.46%

*Some products overlap across FFS and/or the CMOs.

The largest disruption in the Medicaid/Peach Care population is expected to be the brand to generic switches in the FFS population where brands are currently preferred. Table 3 below provides detail on the 19 products expected to cause member disruption for Medicaid/Peach Care for Kids plans. Of these, eight products, accounting for over 99% of expected disruptions, are brand to generic substitutions that the dispensing pharmacist can complete without requiring a new prescription or causing any prescriber burden.

Table 3: Medicaid Disruption Detail

Product Name	Number of Expected Disruptions	Pharmacist Substitution Allowed?
Adderall XR	3,141	Yes
alprazolam ODT	10	No
apo-varenicline	39	Yes
aripiprazole ODT	3	No
asenapine maleate SL	32	No
Concerta	4,852	Yes
desvenlafaxine ER	3	No
Focalin XR	1,828	Yes

Product Name	Number of Expected Disruptions	Pharmacist Substitution Allowed?
Geodon	32	Yes
Nicotrol inhaler	6	Yes
protriptyline HCl	1	No
Ritalin LA	3	Yes
Spravato	1	No
Sublocade	5	No
Suboxone	618	Yes
trimipramine maleate	1	No
vilazodone	24	No
Zimhi	1	No
Zubsolv	19	No
Expected disruptions requiring a new prescription	100	0.9%
Expected disruptions not requiring a new prescription	10,519	99.1%
Total expected disruptions	10,619	100%

SHBP Analysis

Table 4: Alignment by Product in SHBP

	Current State	Proposed Unified Formulary
Unique Drug Products Aligned*	277 (88%)	315 (100%)
Unique Drug Products Not Aligned	38 (12%)	0

*A unique drug product is considered aligned if the preferred status for Anthem/UHC matched with Tier 1 or Tier 2 for the Kaiser formulary, or non-preferred status for Anthem/UHC matched with Tier 3 for the Kaiser formulary. Unique drug products are defined by product name without regard to dose or strength. Brands and generics are counted as separate products, when applicable.

Of the 38 drug products that will be newly aligned on the unified formulary, 20 of them (or 53%) are recommended to be listed as non-preferred. As is the case in the Medicaid data, some proposed non-preferred products in SHBP do not have current utilization. No disruption is expected if no members are currently using a product that is moving to non-preferred status. Additionally, no disruption is expected if a member is currently using a product that is listed as non-preferred by their plan and is recommended to be non-preferred in the new unified formulary environment; the member's medical necessity approval is expected to continue upon implementation of the new unified formulary.

Table 5: SHBP Disruption Analysis

	Count of Unaligned Products that are Recommended to be non-Preferred	Count of Unaligned Products with ≥1 Member Utilizing it	Potential Disruption Points	Rolling Member Enrollment (Apr – Jun 2022)	Expected Disruptions	Expected Disruptions as a Percent of Potential Disruption Points	Expected Disruptions as a Percent of Total Enrollment
Kaiser	3	0	17,520	39,916	0	0.00%	0.00%
UHC	16	10	124,228	150,099	267	0.21%	0.18%
Anthem	16	10	337,266	471,655	2,301	0.68%	0.49%
Totals	20*	10	479,014	661,670	2,568	0.54%	0.39%

*Some products overlap across plans. UHC and Anthem use the same formulary and have complete overlap with respect to their current drug lists.

Table 6 below provides additional detail on the 10 products expected to cause member disruption in SHBP. Three products, accounting for 11% of expected disruptions, are brand to generic substitutions that the dispensing pharmacist can complete without requiring a new prescription or causing any prescriber burden. Change of formulary status of the remaining seven products would require adequate prescriber and member communication to facilitate member transition or medical necessity review and approval.

Table 6: SHBP Disruption Detail

Product Name	Number of Expected Disruptions	Pharmacist Substitution Allowed?
Azstarys	90	No
Caplyta	44	No
Chantix	146	Yes
Jornay PM	220	No
Methylin	4	Yes
Mydayis	371	No
Qelbree	372	No
vilazodone HCl	130	Yes
Vraylar	1,162	No
Zubsolv	29	No
Expected disruptions requiring a new prescription	2,288	89%
Expected disruptions not requiring a new prescription	280	11%
Total expected disruptions	2,568	100%



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