



The Pharmacy Connection

A forum for pharmacy related news and updates for DMH programs

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A Message from the Medical Director, Roderick Shaner, M.D.

True/False question: The DMH formulary contains anti-craving medications.

Answer: True, sort of...

The fact is, disulfiram (Antabuse) is on the DMH formulary. It has two advantages: 1) It's cheap; 2) Almost no one prescribes it. As most of us know, it inhibits alcohol craving by providing a reminder that anybody taking it will become quite violently ill after imbibing even a small amount of alcohol. Disulfiram carries some risks for liver toxicity, and has been shown to be effective only in carefully selected individuals. It is probably not very effective overall, and that's likely why it's hardly used anymore.

This all begs a more important question: Why aren't anti-craving medications on our formulary, when 50% of DMH clients have co-morbid substance abuse, the majority with alcohol? And shouldn't we do something in order to acquire these medications? Here's the status of anti-craving meds, and our future plans for them.

The answer as to why these meds aren't on the DMH formulary depends on the medication involved. The current FDA approved anti-craving meds are:

For Alcohol: Disulfiram (Antabuse), naltrexone, naltrexone LAI (Vivitrol), and acamprosate (Campral).

For nicotine: Bupropion (Wellbutrin, Zyban) and varenicline (Chantix).

For opioids: Naltrexone, naltrexone LAI (Vivitrol), buprenorphine/naloxone (Suboxone), and methadone.

Let's start with nicotine. We've got bupropion. Varenicline isn't on our formulary because we match our formulary to the Medi-Cal formulary. Medi-Cal has determined that varenicline isn't cost effective. Also, varenicline may exacerbate psychosis, something relevant to us.

For alcohol: We've got disulfiram. Neither acamprosate nor naltrexone is on the Medi-Cal formulary, possibly because Medi-Cal has determined that they aren't cost-effective.

For opioids: Naltrexone isn't on the Medi-Cal formulary, again possibly for cost/benefit reasons. Naltrexone LAI (Vivitrol) is particularly expensive in relationship to its rather pallid effectiveness, making it mostly used by posh rehab facilities overlooking the ocean. Buprenorphine/naloxone not only is absent from the formulary, but also requires special licensing and tracking. DMH has not developed the infrastructure to support this because the evidence for effectiveness doesn't yet justify the investment.

So those are the reasons. But we have workarounds, and will begin to implement them over the next year. This is because integrating mental health, substance abuse, and physical healthcare will require that we have expedited access to these medications when clinically necessary. Part of the workarounds will involve placing some of these meds on DMH formulary even if they are not available without TAR by Medi-Cal. Another workaround will be ensuring that our pharmacy services can expedite TARs for anti-craving medications for both uninsured and Medi-Cal patients. An additional task will be to give ourselves refresher courses in using anti-craving medications effectively in our evolving mental health system.

To access previous bulletins, go to the DMH Pharmacy webpage: http://dmh.lacounty.gov/wps/portal/dmh/clinical_tools/clinical_pharmacy

