



SmartPA

## Clinical Edit Criteria Proposal

Drug/Drug Class: 15 Day Limitation Clinical Edit  
Date: June 3, 2009  
Prepared for: MO HealthNet  
Prepared by: ACS Health Management Solutions

New Criteria

Revision of Existing Criteria

### Executive Summary

**Purpose:** Control cost of expensive drug therapies by setting a days supply limitation for newly initiated drug therapies. Limiting the supply of these expensive medications at the point the initial prescription claim is presented reduces the program cost for therapies that are discontinued or changed within the first few weeks of therapy.

**Why was this Issue Selected:** Initiation of certain drug therapies closely associated with treatment failures due to ADE/ADR, change in patient's medical condition, and patient compliance, can be costly to a prescription drug benefit program. In most cases, new drug therapy failures are seen within the first two weeks of therapy initiation. By limiting the prescription supplies of newly prescribed products that are expensive and prone to treatment failure, State Medicaid programs can reduce the cost associated with drug therapies that fail.

**Drug Program-specific information:** Prescription claims for drug products in which the calculated allowed amounts exceed \$150.00

**Setting & Population:** Fee-for-service MO HealthNet patients

**Type of Criteria:**  Increased risk of ADE  Non-Preferred Agent  
 Appropriate Indications

**Data Sources:**  Only administrative databases  Databases + Prescriber-supplied

## Setting & Population

- Drug class for review: Prescription claims exceeding a calculated allowed amount of  $\geq$  \$150.00
- Age range: All ages
- Gender: Male and female

## Approval Criteria

- 1) Prescription claim with a calculated allowed amount of less than \$150.00, OR
- 2) Prescription claim with calculated allowed amount greater than \$150 and a supply of less than or equal to 15 days OR
- 3) Prescription claim for a product with the same Specific Therapeutic Class Code (GC3/HIC3) as a product in the patient's most recent 12 months of paid drug claim history.

## Denial Criteria

- 1) Prescription claim for a non-excluded product in which the calculated allowed amount exceeds \$150.00, and
- 2) The quantity of prescription product > 15 days supply, and
- 3) Patient's drug claim history does not show a paid claim in the past 12 months for a product of the same Specific Therapeutic Class Code (GC3/HIC3).

## Disposition of Edit

- **Denial:** Exception Code "712" (Exceeds Initial Therapy Limitation)

## DUR Message

The client would like the edit to post a DUR message of "**THIS CLAIM EXCEEDS THE 15 DAY SUPPLY LIMITATION**". The message would be sent in the DUR message field used by the ProDUR system.

## Appendix

The following table contains the HICL descriptions used to group for claim history review:

**Table 1:**

HICL Code	HICL Description	Implementation Phase
35872	Lacosamide (Vimpat)	4
01883	Valproic Acid (Stavzor)	2
33126	Remelteon (Rozerem)	3
01893	Carbamazepine (Tegretol)	2
01884	Divalproex Sodium (Depakote)	2
01891	Ethosuximide (Zarontin)	2
01880	Ethotoin (Peganone)	2
08186	Felbamate (Felbatol)	2
11679	Fosphenytoin Sodium (Cerebyx)	2
08831	Gabapentin (Neurontin)	2
07378	Lamotrigine (Lamictal)	2
20952	Levetiracetam (Keppra)	2
01895	Mephobarbital (Mebaral)	2
01890	Methsuximide (Celontin)	2
11735	Oxcarbazepine (Trileptal)	2
01877	Phenytoin (Dilantin)	2
01878		
01879		
01886		
15773	Tiagabine (Gabitril)	2
11060	Topiramate (Topamax)	2
01882	Valproate Sodium (Depakene Syrup)	2
01883	Valproic Acid (Depakene)	2
21140	Zonisamide (Zonegran)	2
24551	Aripiprazole (ABILIFY)	1
04834	Clozapine (CLOZARIL)	1
34343	Paliperidone ( INVEGA )	1
14015	Quetiapine Fumarate (SEROQUEL)	1
11814	Olanzapine (ZYPREXA/ZYPREXA IM)	1
08721	Risperidone (RISPERDAL and RISPERDAL M)	1
25509	Risperidone Microspheres (RISPERDAL CONSTA)	1
21974	Ziprasidone HCL (GEODON)	1
23379	Ziprasidone Mesylate (GEODON INJECTION)	1
25800	Olanzapine/Fluoxetine HCL (SYMBYAX)	1