



Clinical Edit Criteria Proposal

Drug/Drug Class: Zyprexa IM[®] Clinical Edit
 Implementation Date: January 12, 2005
 Prepared for: Missouri Medicaid
 Prepared by: Heritage Information Systems, Inc.

New Criteria

Revision of Existing Criteria

Executive Summary

Purpose: Ensure appropriate utilization and control of Zyprexa IM[®] (Olanzapine for intramuscular administration).

Why was this Issue Selected: This product is indicated for use in controlling acute agitation episodes in patients suffering from schizophrenia and bipolar mania. The product is not intended to be prescribed for chronic use, and having successfully controlled an acute agitation episode with this dosage form, treatment should be switched to the oral dosage form.

Program-specific information:	Drug	Dosage Form	Cost per Dosage Form
	• Zyprexa IM [®] 10mg Vial	10mg/vial	\$22.19 AWP
	• Zyprexa [®] Tablet	10mg tab	\$10.39 AWP

Setting & Population: All patients.

Type of Criteria:

<input type="checkbox"/> Increased risk of ADE	<input type="checkbox"/> Non-Preferred Agent
<input checked="" type="checkbox"/> Appropriate Indications	<input type="checkbox"/>

Data Sources:

<input type="checkbox"/> Only administrative databases	<input checked="" type="checkbox"/> Databases + Prescriber-supplied
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Setting & Population

- Drug for review: Zyprexa IM[®] (Olanzapine for injection)
- Age range: All ages
- Gender: Male and female

Approval Criteria

- Patient has a diagnosis on file in the past 2 years of Schizophrenia or Bipolar Mania.
- Claim does not exceed 3 x 10mg vials or a 1 day supply.
- Claims may be subject to clinical consultant review.

Denial Criteria

- Failure to meet approval criteria.

References:

1. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2004.
2. Facts and Comparisons, pg. 948a; 2004.
3. USPDI, Micromedex; 2004.

