![MoHealthNet logo] ![CONDUENT logo]

SmartPA Criteria Proposal

Drug/Drug Class:	Antipsychotics - 1st Generation (Typical) Clinical Edit
First Implementation Date:	April 16, 2020
Proposed Date:	December 15, 2022
Prepared for:	MO HealthNet
Prepared by:	MO HealthNet/Conduent
Criteria Status:	☒Existing Criteria ☐Revision of Existing Criteria ☐New Criteria

Executive Summary

Purpose: Ensure appropriate utilization and control of 1st Generation (Typical) Antipsychotics

Why Issue Selected: **Antipsychotics** are a class of medication which may be used to treat a variety of behavioral health conditions, including schizophrenia, bipolar disorder, depression, anxiety, and agitation.

First generation (also known as typical) antipsychotics have a significant potential to cause extrapyramidal side effects, which are involuntary movement disorders that involve lip smacking, grimacing, muscle spasms, and other actions that may interfere with daily functioning.

Second generation (also known as atypical) antipsychotics have a lower likelihood of causing these side effects and are now considered first line therapies for patients who require therapy with an antipsychotic.

With the implementation of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, state Medicaid programs have new requirements regarding prescription drug utilization reviews, including a program to monitor and manage the appropriate use of antipsychotic medications (both typical and atypical). MO HealthNet is introducing new processes to monitor prescribing of typical antipsychotics to meet the above requirements.

Program-Specific Information:

Date Range FFS 10-01-2021 to 9-30-2022			
Drug	Claims	Spend	Avg Spend per Claim
ADASUVE (LOXAPINE) 10MG INHLATION PWD	0	-	-
CHLORPROMAZINE HCL 10 MG TABLET	485	$41,592.35	$85.76
CHLORPROMAZINE HCL 25 MG TABLET	2,823	$238,835.39	$84.60
CHLORPROMAZINE HCL 50 MG TABLET	3,226	$416,414.66	$129.08
CHLORPROMAZINE HCL 100 MG TABLET	2,935	$530,295.95	$180.68
CHLORPROMAZINE HCL 200 MG TABLET	736	$203,571.29	$276.59
CHLORPROMAZINE HCL 100 MG/ML ORAL CONC	0	-	-
CHLORPROMAZINE HCL 30 MG/ML ORAL CONC	8	$4,120.74	$515.09
FLUPHENAZINE DECANOATE 25 MG/ML VIAL	708	$54,797.36	$77.40
FLUPHENAZINE HCL 1 MG TABLET	215	$22,891.10	$106.47
FLUPHENAZINE HCL 2.5 MG TABLET	172	$19,793.98	$115.08
FLUPHENAZINE HCL 5 MG TABLET	539	$73,888.27	$137.08
FLUPHENAZINE HCL 10 MG TABLET	511	$97,115.91	$190.05

FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR	0	-	-
FLUPHENAZINE HCL 5 MG/ML ORAL CONC	0	-	-
HALOPERIDOL 0.5 MG TABLET	388	$8,619.54	$22.22
HALOPERIDOL 1 MG TABLET	1,006	$28,190.16	$28.02
HALOPERIDOL 2 MG TABLET	1,453	$48,239.51	$33.20
HALOPERIDOL 5 MG TABLET	9,172	$274,686.20	$29.95
HALOPERIDOL 10 MG TABLET	4,100	$131,217.64	$32.00
HALOPERIDOL 20 MG TABLET	371	$16,831.38	$45.37
HALOPERIDOL DECANOATE 50 MG/ML AMPUL	345	$14,617.09	$42.37
HALOPERIDOL DECANOATE 50 MG/ML VIAL	511	$16,047.72	$31.40
HALOPERIDOL DECANOATE 100 MG/ML AMPUL	1,274	$81,719.73	$64.14
HALOPERIDOL DECANOATE 100 MG/ML VIAL	3,772	$158,650.83	$42.06
HALOPERIDOL LACTATE 2 MG/ML ORAL CONC	341	$13,636.45	$39.99
LOXAPINE SUCCINATE 5 MG CAPSULE	570	$18,476.17	$32.41
LOXAPINE SUCCINATE 10 MG CAPSULE	1,109	$52,620.84	$47.45
LOXAPINE SUCCINATE 25 MG CAPSULE	468	$21,209.90	$45.32
LOXAPINE SUCCINATE 50 MG CAPSULE	453	$32,102.84	$70.87
MOLINDONE HCL 5 MG TABLET	0	-	-
MOLINDONE HCL 10 MG TABLET	0	-	-
MOLINDONE HCL 25 MG TABLET	0	-	-
PERPHENAZINE 2 MG TABLET	614	$17,824.46	$29.03
PERPHENAZINE 4 MG TABLET	638	$22,033.67	$34.54
PERPHENAZINE 8 MG TABLET	475	$13,916.06	$29.30
PERPHENAZINE 16 MG TABLET	67	$2,957.93	$44.15
PERPHENAZINE/AMITRIPTYLINE HCL 2 MG-10 MG TABLET	1	$116.33	$116.33
PERPHENAZINE/AMITRIPTYLINE HCL 2 MG-25 MG TABLET	0	-	-
PERPHENAZINE/AMITRIPTYLINE HCL 4 MG-10 MG TABLET	0	-	-
PERPHENAZINE/AMITRIPTYLINE HCL 4 MG-25 MG TABLET	0	-	-
PERPHENAZINE/AMITRIPTYLINE HCL 4 MG-50 MG TABLET	0	-	-
PIMOZIDE 1 MG TABLET	88	5823.35	$66.17
PIMOZIDE 2 MG TABLET	86	9460.36	$110.00
PROCHLORPERAZINE MALEATE 5MG TABLET	1,910	$28,702.82	$15.03
PROCHLORPERAZINE MALEATE 10MG TABLET	6,637	$166,181.52	$25.04
PROCHLORPERAZINE MALEATE 25MG SUP RECTAL	535	$35,448.48	$66.26
THIORIDAZINE HCL 10 MG TABLET	13	$823.30	$63.33
THIORIDAZINE HCL 25 MG TABLET	134	$6,269.08	$46.78
THIORIDAZINE HCL 50 MG TABLET	36	$1,012.22	$28.12
THIORIDAZINE HCL 100 MG TABLET	16	$734.02	$45.88
THIOTHIXENE 1 MG CAPSULE	60	$3,451.25	$57.52
THIOTHIXENE 2 MG CAPSULE	189	$16,163.67	$85.52
THIOTHIXENE 5 MG CAPSULE	73	$5,662.23	$77.56
THIOTHIXENE 10 MG CAPSULE	8	$1,537.18	$192.15
TRIFLUOPERAZINE HCL 1 MG TABLET	35	$1,629.23	$46.55
TRIFLUOPERAZINE HCL 2 MG TABLET	12	$619.00	$51.58
TRIFLUOPERAZINE HCL 5 MG TABLET	41	$276.04	$6.73
TRIFLUOPERAZINE HCL 10 MG TABLET	25	$1,992.84	$79.71
TOTAL	**49,392**	**$2,966,938.74**	**$60.00**

Type of Criteria: ☐ **Increased risk of ADE**   ☐ **Preferred Drug List**
                        ☒ **Appropriate Indications**   ☒ **Clinical Edit**

Data Sources: ☐ **Only Administrative Databases**   ☒ **Databases + Prescriber-Supplied**

Setting & Population

- Drug class for review: 1st Generation (Typical) Antipsychotics
- Age range: All appropriate MO HealthNet participants

Approval Criteria

Initial Therapy:
- For nausea, vomiting, or hiccups:
  - Claim for chlorpromazine 10, 25, or 50 mg tablets, prochlorperazine 5 or 10 mg tablets, or prochlorperazine 25 mg suppositories **AND**
  - Claim is within approved dosage limitations for use in nausea, vomiting, or hiccups **AND**
  - Claim is for ≤ 10 days supply **AND**
  - Participant does not have a history of antipsychotic therapy in the past 15 days
- For all other indications:
  - Participant is aged > 8 years **AND**
  - Documented appropriate diagnosis
  - Claim for thioridazine: documented therapeutic trial of 2 or more antipsychotic agents (not thioridazine) in the past 2 years
  - Claim for a long acting injectable typical antipsychotic: documented history of therapy with the same long acting injectable or a similar short acting agent in the past year

Continuation of Therapy:
- Participant demonstrates compliance to prescribed therapy (90 out of 120 days)

Denial Criteria

- Therapy will be denied if all approval criteria are not met
- Participant is aged ≥ 18 years with documented history of > 2 concurrent antipsychotics (typical or atypical) for 60 of the past 90 days
- Participant is aged < 18 years with documented history of > 2 concurrent antipsychotics (typical or atypical) for 30 of the past 90 days
- Claim exceeds quantity limitations:

Drug Description	Max Units Per Day
CHLORPROMAZINE HCL 10 MG TABLET	4 tablets
CHLORPROMAZINE HCL 25 MG TABLET	4 tablets
CHLORPROMAZINE HCL 50 MG TABLET	4 tablets
CHLORPROMAZINE HCL 100 MG TABLET	8 tablets
CHLORPROMAZINE HCL 200 MG TABLET	8 tablets

Required Documentation

Laboratory Results:		Progress Notes:	
MedWatch Form:		Other:	X

Disposition of Edit

Denial: Exception code "0682" (Clinical Edit)
Rule Type: CE

Default Approval Period

3 months

References

- Facts & Comparisons. Antipsychotic Agents, First Generation (Typical). Accessed November 16, 2021.
- Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act 2018. Available at: https://www.congress.gov/bill/115th-congress/house-bill/6