SmartPA Criteria Proposal

Drug/Drug Class:	15 Day Supply Fiscal Edit
First Implementation Date:	February 16, 2005
Proposed Date:	December 16, 2021
Prepared for:	MO HealthNet
Prepared by:	MO HealthNet/Conduent
Criteria Status:	☐Existing Criteria ☒Revision of Existing Criteria ☐New Criteria

Executive Summary

Purpose: To control expenditures on expensive drug therapies by setting a day supply limitation for newly initiated drug therapies

Why Issue Selected: Initiation of certain drug therapies can be costly to a prescription drug benefit program, especially when treatment failures occur due to side effects, a change in the patient's medical condition, and patient compliance. Limiting the supply of expensive medications on the initial prescription claim reduces the program cost for therapies that are discontinued or changed within the first few weeks of therapy. 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, MO HealthNet can reduce the cost associated with drug therapies that fail.

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

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

Setting & Population

- Drug class for review: see Appendix A
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Claim is for an agent screened by this edit – see Appendix A **AND**
- Claim has a usual and customary amount less than $150.00 **OR**
- Claim for ≤ 15 day supply **OR**
- Documented history of therapy with an agent in the same HICL as the incoming claim in the past year

Denial Criteria

- Therapy will be denied if all approval criteria are not met

Required Documentation

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

Disposition of Edit

Denial: Exception code “0712” (Exceeds Initial Therapy Limitation)
Rule Type: PD

Default Approval Period

1 year

Appendix A – Agents Screened by the 15 Day Supply Fiscal Edit

DRUG DESCRIPTION – ATYPICAL ANTIPSYCHOTICS
ARIPIPRAZOLE (ABILIFY)
ASENAPINE (SAPHRIS)
BREXPIPRAZOLE (REXULTI)
CARIPRAZINE (VRAYLAR)
CLOZAPINE (CLOZARIL)
ILOPERIDONE (FANAPT)
LUMATEPERONE TOSYLATE (CAPLYTA)
LURASIDONE (LATUDA)
OLANZAPINE (ZYPREXA/ZYPREXA IM)
OLANZAPINE/FLUOXETINE HCL (SYMBYAX)
PALIPERIDONE (INVEGA)
PIMAVANSERIN TARTRATE (NUPLAZID)
QUETIAPINE FUMARATE (SEROQUEL XR)
RISPERIDONE (RISPERDAL/RISPERDAL M)
RISPERIDONE MICROSPHERES (RISPERDAL CONSTA)
ZIPRASIDONE HCL (GEODON)
ZIPRASIDONE MESYLATE (GEODON INJECTION)
DRUG DESCRIPTION – ANTICONVULSANTS
BRIVARACETAM (BRIVIACT)
CARBAMAZEPINE (TEGRETOL/EPITOL/CARBATROL)
DIVALPROEX SODIUM (DEPAKOTE)
ESLICARBAZEPINE (APTIOM)
ETHOSUXIMIDE (ZARONTIN)
ETHOTOIN (PEGANONE)
EZOGABINE (POTIGA)
FELBAMATE (FELBATOL)
FOSPHENYTOIN SODIUM (CEREBYX)
GABAPENTIN (NEURONTIN)
LACOSAMIDE (VIMPAT)

LAMOTRIGINE (LAMICTAL/LAMICTAL XR)
LEVETIRACETAM (KEPPRA)
METHSUXIMIDE (CELONTIN)
OXCARBAZEPINE (TRILEPTAL)
PERAMPANEL (FYCOMPA)
PHENYTOIN (DILANTIN)
PRIMIDONE (MYSOLINE)
RUFINAMIDE (BANZEL)
TIAGABINE (GABATRIL)
TOPIRAMATE (QUDEXY XR/TOPAMAX)
VALPROATE SODIUM (DEPAKENE SYRUP)
VALPROIC ACID (DEPAKENE)
VIGABATRIN (SABRIL)
ZONISAMIDE (ZONEGRAN)
DRUG DESCRIPTION – SEDATIVE HYPNOTICS
REMELTEON (ROZEREM)
TASIMELTEON (HETLIOZ)