

SmartPA Criteria Proposal

Drug/Drug Class:	Antipsychotics - 1 st Generation (Typical) Clinical Edit
First Implementation Date:	April 16, 2020
Proposed Date:	December 16, 2021
Prepared for:	MO HealthNet
Prepared by:	MO HealthNet/Conduent
Criteria Status:	<input type="checkbox"/> Existing Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

Executive Summary

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

Why Issue Selected: Typical or 1st generation antipsychotics are a class of antipsychotic drugs which have been used since the 1950s to treat psychosis. These agents are also used as sedatives, tranquilizers, antiemetics, to control hiccups, and in the treatment of drug-induced psychosis. Typical antipsychotics have a significant potential to cause extrapyramidal side effects and tardive dyskinesia; for this reason, atypical or 2nd generation antipsychotics are now considered first line therapies. 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 10-01-2020 to 9-30-2021				
Drug	Claims	Spend	Avg Spend per Claim	
ADASUVE (LOXAPINE) 10MG INHLATION PWD	0	-	-	
CHLORPROMAZINE HCL 10 MG TABLET	548	\$70,238.43	\$128.17	
CHLORPROMAZINE HCL 25 MG TABLET	2,345	\$330,048.30	\$140.75	
CHLORPROMAZINE HCL 50 MG TABLET	3,215	\$627,217.28	\$195.09	
CHLORPROMAZINE HCL 100 MG TABLET	2,925	\$835,739.69	\$285.72	
CHLORPROMAZINE HCL 200 MG TABLET	646	\$244,481.38	\$378.45	
FLUPHENAZINE DECANOATE 25 MG/ML VIAL	686	\$54,695.39	\$79.73	
FLUPHENAZINE HCL 1 MG TABLET	153	\$22,984.55	\$150.23	
FLUPHENAZINE HCL 2.5 MG TABLET	195	\$38,943.55	\$199.71	
FLUPHENAZINE HCL 5 MG TABLET	641	\$147,835.57	\$230.63	
FLUPHENAZINE HCL 10 MG TABLET	519	\$193,199.67	\$372.25	
FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR	0	-	-	
FLUPHENAZINE HCL 5 MG/ML ORAL CONC	0	-	-	
HALOPERIDOL 0.5 MG TABLET	419	\$10,213.21	\$24.38	
HALOPERIDOL 1 MG TABLET	848	\$27,777.43	\$32.76	
HALOPERIDOL 2 MG TABLET	1,419	\$54,130.94	\$38.15	
HALOPERIDOL 5 MG TABLET	8,759	\$310,896.61	\$35.49	
HALOPERIDOL 10 MG TABLET	3,718	\$144,292.80	\$38.81	
HALOPERIDOL 20 MG TABLET	456	\$20,949.04	\$45.94	
HALOPERIDOL DECANOATE 50 MG/ML AMPUL	473	\$22,933.78	\$48.49	
HALOPERIDOL DECANOATE 50 MG/ML VIAL	461	\$13,399.80	\$29.07	

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HALOPERIDOL DECANOATE 100 MG/ML AMPUL	1,622	\$120,316.38	\$74.18
HALOPERIDOL DECANOATE 100 MG/ML VIAL	3,619	\$210,329.25	\$58.12
HALOPERIDOL LACTATE 2 MG/ML ORAL CONC	437	\$20,655.03	\$47.27
LOXAPINE SUCCINATE 5 MG CAPSULE	583	\$15,761.63	\$27.04
LOXAPINE SUCCINATE 10 MG CAPSULE	1,110	\$45,890.86	\$41.34
LOXAPINE SUCCINATE 25 MG CAPSULE	368	\$14,865.79	\$40.40
LOXAPINE SUCCINATE 50 MG CAPSULE	355	\$18,379.72	\$51.77
MOLINDONE HCL 5 MG TABLET	0	-	-
MOLINDONE HCL 10 MG TABLET	0	-	-
MOLINDONE HCL 25 MG TABLET	0	-	-
PERPHENAZINE 2 MG TABLET	730	\$24,584.62	\$33.68
PERPHENAZINE 4 MG TABLET	839	\$33,735.74	\$40.21
PERPHENAZINE 8 MG TABLET	477	\$17,740.73	\$37.19
PERPHENAZINE 16 MG TABLET	66	\$2,866.33	\$43.43
PERPHENAZINE/AMITRIPTYLINE HCL 2 MG-10 MG TABLET	13	\$1,491.73	\$114.75
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	\$7,578.43	\$86.12
PIMOZIDE 2 MG TABLET	69	\$6,512.69	\$94.39
PROCHLORPERAZINE MALEATE 5MG TABLET	1,577	\$29,969.04	\$19.00
PROCHLORPERAZINE MALEATE 10MG TABLET	6,244	\$186,520.59	\$29.87
PROCHLORPERAZINE MALEATE 25MG SUP RECTAL	252	\$22,555.51	\$89.51
THIORIDAZINE HCL 10 MG TABLET	25	\$1,305.84	\$52.23
THIORIDAZINE HCL 25 MG TABLET	80	\$8,352.38	\$104.40
THIORIDAZINE HCL 50 MG TABLET	30	\$968.27	\$32.28
THIORIDAZINE HCL 100 MG TABLET	32	\$2,226.75	\$69.59
THIOTHIXENE 1 MG CAPSULE	111	\$6,471.53	\$58.30
THIOTHIXENE 2 MG CAPSULE	268	\$24,615.13	\$91.85
THIOTHIXENE 5 MG CAPSULE	117	\$9,143.61	\$78.15
THIOTHIXENE 10 MG CAPSULE	20	\$3,317.17	\$165.86
TRIFLUOPERAZINE HCL 1 MG TABLET	9	\$386.85	\$42.98
TRIFLUOPERAZINE HCL 2 MG TABLET	20	\$680.75	\$34.04
TRIFLUOPERAZINE HCL 5 MG TABLET	18	\$784.08	\$43.56
TRIFLUOPERAZINE HCL 10 MG TABLET	23	\$2,074.57	\$90.20
TOTAL	47,628	\$4,010,058.42	\$84.20

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:

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- 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:
 MedWatch Form:

Progress Notes:
 Other:

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>