SmartPA Criteria Proposal

Drug/Drug Class:	Diagnosis Code Required Policy Edit
First Implementation Date:	TBD
Proposed Date:	October 17, 2023
Prepared for:	MO HealthNet
Prepared by:	MO HealthNet/Conduent
Criteria Status:	☐Existing Criteria ☐Revision of Existing Criteria ☒New Criteria

Executive Summary

Purpose: To require a diagnosis code on the incoming drug claim for select drugs and drug classes

Why Issue Selected: When a prescriber writes a prescription, the pharmacist and MO HealthNet must often make assumptions on therapeutic intent of the prescription based on past participant medical and pharmacy history. Many products today have multiple FDA approved indications and providers may prescribe products for off-label indications. MO HealthNet will require a diagnosis code in order to process pharmacy claims for select drugs and drug classes in order to gain further insight into actual real world utilization of drug products for on and off label indications. This will allow MO HealthNet to potentially improve the transparent processing of pharmacy claims for these select drugs and drug classes. Pharmacists will also be able to utilize the diagnosis information to meaningfully improve the pharmacist-patient ProDUR interactions.

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

Appendix A

- Checkpoint Inhibitors – including CTLA-4 inhibitors, PD-1 inhibitors, and PD-L1 inhibitors
- Complement Inhibitors (excluding intravitreal) - reference the following for further criteria:
  - C5 Complement Inhibitors Clinical Edit
  - Empaveli Clinical Edit
  - Enjaymo Clinical Edit
  - Tavneos Clinical Edit
- FGFR inhibitors

- Immunoglobulins (IVIG and SCIG) - reference the Immunoglobulins (IVIG and SCIG) Clinical Edit for further criteria
- PARP inhibitors
- Targeted Immune Modulators - reference the following for further criteria:
  - Cryopyrin-Associated Periodic Syndrome (CAPS) Agents PDL Edit
  - Targeted Immune Modulators, Interleukin-6 (IL-6) Receptor Inhibitors PDL Edit
  - Targeted Immune Modulators, Interleukin (IL)-17A Antibody/IL-17 Receptor Antagonists PDL Edit
  - Targeted Immune Modulators, IL-23 Inhibitors and IL-23/IL-12 Inhibitors PDL Edit
  - Targeted Immune Modulators, Janus Kinase (JAK) Inhibitors PDL Edit
  - Targeted Immune Modulators, Misc. Allergy & Asthma Related Monoclonal Antibodies PDL Edit
  - Targeted Immune Modulators, Select Agents PDL Edit
  - Targeted Immune Modulators, Small Molecule Janus Kinase (JAK) Inhibitors Clinical Edit
  - Targeted Immune Modulators, Tumor Necrosis Factor (TNF) Inhibitors PDL Edit

Denial Criteria

- Therapy will be denied if there is no valid diagnosis code on the pharmacy claim for the agents in Appendix A

Required Documentation

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

Disposition of Edit

Denial: Exception code “1013” (Diagnosis Code Required)
Rule Type: PD

Default Approval Period

1 day