

# SmartPA Criteria Proposal

|                                   |  |
|-----------------------------------|--|
| <b>Drug/Drug Class:</b>           | Extended Supply Fiscal Edit  |
| <b>First Implementation Date:</b> | October 21, 2021   |
| <b>Revised Date:</b>              | May 25, 2023   |
| <b>Prepared for:</b>              | MO HealthNet   |
| <b>Prepared by:</b>               | MO HealthNet/Conduent  |
| <b>Criteria Status:</b>           | <input checked="" type="checkbox"/> Existing Criteria<br><input type="checkbox"/> Revision of Existing Criteria<br><input type="checkbox"/> New Criteria |

## Executive Summary

**Purpose:** To control expenditures on select therapies by requiring an extended supply after participants are established on therapy

**Why Issue Selected:** MO HealthNet pays a dispensing fee to the pharmacy for every prescription dispensed. For certain agents that are low cost and rarely require a change in therapy once established, it is fiscally advisable for MO HealthNet to pay fewer dispensing fees by mandating a larger supply dispensed per prescription once a participant is established on therapy. At this time, MO HealthNet will only mandate extended supplies on select agents.

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

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

## Setting & Population

- Drug class for review: select edited agents (see Appendix A)
- Age range: All appropriate MO HealthNet participants

## Approval Criteria

- Participant currently resides in a nursing facility **OR**
- Claim is for  $\geq 84$  day supply **OR**
- Claim history demonstrates  $< 84$  days of therapy with prescribed agent in the past 6 months

## Denial Criteria

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

## Required Documentation

Laboratory Results:   
MedWatch Form:

Progress Notes:   
Other:

## Disposition of Edit

Denial: Exception code "1018" (90 Day Supply Required)  
Rule Type: CE

## Default Approval Period

7 days

## Appendix A – Select edited agents

| GENERIC NAME  | COMMON TRADE NAME |
|---|-------------------|
| <b>ANALGESICS</b>   |                   |
| ACETAMINOPHEN 325 MG TABLET                                   | TYLENOL           |
| ACETAMINOPHEN 500 MG TABLET                                   | TYLENOL           |
| ASPIRIN 81 MG TAB CHEW  | BAYER ASPIRIN     |
| ASPIRIN 81 MG TABLET DR                                       | ECOTRIN           |
| ASPIRIN 325 MG TABLET DR                                      | ECOTRIN           |
| ASPIRIN 325 MG TABLET   | BAYER ASPIRIN     |
| <b>ANTIHISTAMINES</b>   |                   |
| CETIRIZINE HCL 1 MG/ML SOLUTION                               | ZYRTEC            |
| CETIRIZINE HCL 5 MG/5 ML SOLUTION                             | ZYRTEC            |
| CETIRIZINE HCL 5 MG TAB CHEW                                  | ZYRTEC            |
| CETIRIZINE HCL 5 MG TABLET                                    | ZYRTEC            |
| CETIRIZINE HCL 10 MG CAPSULE                                  | ZYRTEC            |
| CETIRIZINE HCL 10 MG TAB RAPDIS                               | ZYRTEC            |
| CETIRIZINE HCL 10 MG TAB CHEW                                 | ZYRTEC            |
| CETIRIZINE HCL 10 MG TABLET                                   | ZYRTEC            |
| FEXOFENADINE HCL 30 MG TAB RAPDIS                             | ALLEGRA           |
| FEXOFENADINE HCL 30 MG/5 ML SUSP                              | ALLEGRA           |
| FEXOFENADINE HCL 60 MG TABLET                                 | ALLEGRA           |
| FEXOFENADINE HCL 180 MG TABLET                                | ALLEGRA           |
| LORATADINE 5 MG TAB RAPDIS                                    | CLARITIN          |
| LORATADINE 5 MG TAB CHEW                                      | CLARITIN          |
| LORATADINE 5 MG/5 ML SYRUP                                    | CLARITIN          |
| LORATADINE 10 MG CAPSULE                                      | CLARITIN          |
| LORATADINE 10 MG TAB RAPDIS                                   | CLARITIN          |
| LORATADINE 10 MG TABLET                                       | CLARITIN          |
| <b>EYE &amp; EAR PREPARATIONS</b>                             |                   |
| POLYVINYL ALCOHOL 1.4% DROPS OPHTHALMIC                       | AKWA TEARS        |
| POLYVINYL ALCOHOL/POVIDONE 0.5%-0.6% DROPS OPHTH              | ARTIFICIAL TEARS  |
| <b>IRON REPLACEMENTS</b>                                      |                   |
| FERROUS SULFATE 15 MG/ML DROPS                                | FER-IN-SOL        |
| FERROUS SULFATE 220 (44)/5 ELIXIR                             | FERROUS SULFATE   |
| FERROUS SULFATE 220 (44)/5 SOLUTION                           | FERROUS SULFATE   |
| FERROUS SULFATE 325(65) MG TABLET DR                          | FERROUS SULFATE   |
| FERROUS SULFATE 325(65) MG TABLET                             | FERROUS SULFATE   |
| IRON POLYSACCHARIDES COMPLEX 150 MG CAPSULE                   | NIFEREX-150       |
| <b>LAXATIVES, CATHARTICS, BULK PRODUCERS, STOOL SOFTENERS</b> |                   |

SmartPA Fiscal Proposal Form  
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|--|--------------------------|
| BISACODYL 5 MG TABLET DR                           | DULCOLAX                 |
| DOCUSATE CALCIUM 240 MG CAPSULE                    | SURFAK                   |
| DOCUSATE SODIUM 100 MG CAPSULE                     | COLACE                   |
| DOCUSATE SODIUM 150 MG/15 ML LIQUID                | DIOCTO                   |
| POLYETHYLENE GLYCOL 3350 POWDER                    | MIRALAX                  |
| <b>OSTEOPOROSIS AGENTS</b>                         |                          |
| CALCIUM CARBONATE 1.25 G TABLET                    | OS-CAL 500               |
| CALCIUM CARBONATE 500 MG/5 ML SUSP                 | CALCIUM CARBONATE        |
| CALCIUM CARBONATE/VITAMIN D3 250 MG-125 TABLET     | OS-CAL 250 + D           |
| CALCIUM CARBONATE/VITAMIN D3 500 MG-200 TABLET     | OS-CAL 500 + D           |
| CALCIUM CARBONATE/VITAMIN D3 600 MG-400 TABLET     | CALTRATE                 |
| CALCIUM CITRATE 200 MG TABLET                      | CITRACAL                 |
| CALCIUM CITRATE/VITAMIN D3 315 MG-250 TABLET       | CITRACAL + D             |
| <b>VITAMIN/MINERAL</b>                             |                          |
| A/D3/E/TOCOPHERSOLAN/VIT K1 2000-1000 CAPSULE      | DEKAS ESSENTIAL          |
| CHOLECALCIFEROL 400/DROP DROPS                     | BABY D DROPS             |
| CHOLECALCIFEROL 400/ML DROPS                       | D-VI-SOL                 |
| MAGNESIUM OXIDE 400 MG TABLET                      | MAG-OX                   |
| MELATONIN 1 MG TABLET                              | MELATONIN                |
| MELATONIN 3 MG TABLET                              | MELATONIN                |
| MELATONIN 5 MG TABLET                              | MELATONIN                |
| MULTIVIT WITH MIN #53/FA/K/Q10 200-1000 CAPSULE    | DEKAS PLUS               |
| MULTIVIT WITH MN #56/FA/K/Q10 200-1000 TAB CHEW    | DEKAS PLUS               |
| MULTIVITAMINS TAB CHEW                             | POLY-VI-SOL              |
| MULTIVITAMINS W-IRON TAB CHEW                      | CENTRUM KIDS             |
| MULTIVITS & MINS/COENZYME Q10 2MG/ML DROPS SUSP    | AQUADEKS                 |
| MULTIVITS W-FE, OTHER MIN TAB CHEW                 | CENTRUM JR               |
| MULTIVITS&MINS/FA/COENZYME Q10 100MCG-5MG TAB CHEW | AQUADEKS                 |
| PED MULTIVIT #22/VIT D3/VIT K 1500-1000 TAB CHEW   | MVW COMPLETE FORMULATION |
| PED MULTIVIT #22/VIT D3/VIT K 3000-1000 TAB CHEW   | MVW COMPLETE FORMULATION |
| PED MULTIVIT #61/D3/K 1500-800 CAPSULE             | MVW COMPLETE FORMULATION |
| PED MULTIVIT #61/D3/VITK 5000-800 CAPSULE          | MVW COMPLETE FORMULATION |
| PED MULTIVIT #61/VIT D3/VIT K 3000-800 CAPSULE     | MVW COMPLETE FORMULATION |
| PED MULTIVIT #62/VIT D3/VIT K 1000-700 CAPSULE     | CHOICEFUL VITAMINS       |
| PED MULTIVIT #64/D3/K 800-600 TAB CHEW             | CHOICEFUL VITAMINS       |
| PED MULTIVIT #128/VIT K 500 MCG/ML LIQUID          | DEKAS PLUS               |
| PED MULTIVIT #189/FERROUS SULFATE 11MG/ML DROPS    | POLY-VI-SOL WITH IRON    |
| PED MULTIVIT #192 250-50/ML DROPS                  | POLY-VI-SOL              |
| VIT A/D3/TOCOPHERSOLAN/VIT K 2000-2000 LIQUID      | DEKAS ESSENTIAL          |