

CLINICAL EDIT CRITERIA PROPOSAL

Drug/Drug Class: **H2 ANTAGONISTS**

Prepared by: Missouri Medicaid

New Criteria

Revision of Existing Criteria

Executive Summary

Purpose:	To control pharmacy program prescription costs by limiting prescribing to the preferred reference H2 antagonist, Ranitidine.
Why Was This Issue Selected:	Since December 2000 the anti-ulcer drug preparations, H2 antagonists and proton pump inhibitors have required prior authorization. To assist providers with claims processing, and to reduce program costs, ranitidine will be the preferred reference product, and therefore will have no clinical edits imposed.
Program Specific Information:	During the twelve-month reporting period of July 2002 to June 2003 (FY03), 378,000 claims were paid for H2 therapy at a cost of \$6.5 million. This dollar amount represents approximately 0.7% of the total prescription drug benefit spend over the same calendar period.
Setting & Population:	All patients prescribed H2 antagonists other than the reference drug.
Type of Criteria:	<input type="checkbox"/> Increased risk of ADE <input checked="" type="checkbox"/> Non-Preferred Agent <input checked="" type="checkbox"/> Appropriate Indications

Data Sources

Only Administrative Databases

Databases + Prescriber-Supplied

Override Approval Criteria

Reference Drug Product: **Ranitidine Products***

- Patient currently prescribed a non-reference H2 antagonist product that demonstrates therapy Compliance
- Patient has documented ADE to reference product
- Patient has documented therapeutic failure on reference product
- Patient currently prescribed a non-reference H2 product with history of an adequate trial period with the reference product.

*Excluding ranitidine caps, Zantac Granules®, and Zantac Effervescent Tabs®

Override Denial Criteria

- Lack of compliance to non-reference H2 therapy
- Lack of therapeutic failure or trial on reference H2 product
- Lack of documented ADE to reference product

Required Documentation

- MedWatch Form
- Progress Notes
- Appropriate Diagnosis

References

1. USPDI, Micromedex, 2003.
2. Facts and Comparisons, p. 1128 to 1134a.
3. EBM Analysis: H2 Antagonists. Cassica Schlichtmann, Pharm D. Candidate, Drake University. February 2003.