# SmartPA Criteria Proposal

<table>
<thead>
<tr>
<th><strong>Drug/Drug Class:</strong></th>
<th>Manufacturers Requiring Prior Authorization Fiscal Edit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Implementation Date:</strong></td>
<td>June 2, 2022</td>
</tr>
<tr>
<td><strong>Revised Date:</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Prepared for:</strong></td>
<td>MO HealthNet</td>
</tr>
<tr>
<td><strong>Prepared by:</strong></td>
<td>MO HealthNet/Conduent</td>
</tr>
<tr>
<td><strong>Criteria Status:</strong></td>
<td>☒ Existing Criteria, ☐ Revision of Existing Criteria, ☐ New Criteria</td>
</tr>
</tbody>
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## Executive Summary

**Purpose:** To control expenditures on products manufactured by pharmaceutical manufacturers that do not pay their required statutory rebates.

**Why Issue Selected:** State Medicaid programs rely on drug manufacturers to pay their required statutory rebates in order to help offset costs, resulting in lower net costs to the State Medicaid program and taxpayers. When manufacturers delay or fail to pay these required statutory rebates the net cost of medications increases. In order to ensure MO HealthNet is not paying higher net costs for drugs, a Prior Authorization will be required on products from manufacturers who show a pattern of delaying or failing to pay statutory rebates in the timeframe outlined in 42 U.S.C. 1396r–8.

**Type of Criteria:** ☐ Increased risk of ADE, ☐ Preferred Drug List, ☒ Fiscal Edit

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

## Setting & Population

- Drug class for review: all agents from manufacturers requiring prior authorization
- Age range: All appropriate MO HealthNet participants

## Approval Criteria

- Therapy will be approved if all denial criteria are not met

## Denial Criteria

- Claim is for an agent from a manufacturer requiring prior authorization

<table>
<thead>
<tr>
<th><strong>Labeler Code</strong></th>
<th><strong>Manufacturer</strong></th>
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<tbody>
<tr>
<td>71930</td>
<td>Eywa Pharma Inc</td>
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</tbody>
</table>
Required Documentation

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

Disposition of Edit

Denial: Exception code “0213” (Prior Authorization Required But Not Found)
Rule Type: N

Default Approval Period

3 months

References

- Payment for covered outpatient drugs. 42 U.S.C. 1396r–8