SmartPA Criteria Proposal

Drug/Drug Class:	Prior Authorization Required Fiscal Edit *(formerly High Cost Medications Fiscal Edit)*
First Implementation Date:	May 14, 2020
Revised Date:	May 19, 2022
Prepared for:	MO HealthNet
Prepared by:	MO HealthNet/Conduent
Criteria Status:	☐Existing Criteria ☒Revision of Existing Criteria ☐New Criteria

Executive Summary

Purpose: Ensure appropriate control and utilization of high cost medications and prior authorization required items.

Why Issue Selected: Initiation of certain drug therapies can be costly to a prescription drug benefit program, especially when comparable agents are available with similar ingredients at a much lower cost. The use of excessively high cost medications solely for the convenience of either provider or participant is considered not medically necessary. Agents concluded to continue under prior authorization after the New Drug Review process due to clinical criteria or high cost will also be reviewed in this edit.

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

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

Setting & Population

- Drug class for review: Prior Authorization Required Agents
- 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 screened by this edit – see Appendix A

Required Documentation

Laboratory Results: ☐ Progress Notes: ☐

MedWatch Form: ☐ Other: X

Disposition of Edit

Denial: Exception code "0213" (Prior Authorization Required But Not Found)
Rule Type: CE

Default Approval Period

1 month

Appendix A – Agents Requiring Prior Authorization

Drug Description	Generic Equivalent
AQUA GLYCOLIC HC 2% KIT	HYDROCORTISONE/SKIN CLNSR #25 2% COMBO PKG
BESER 0.05% KIT	FLUTICASONE/EMOLLIENT NO.65 0.05 % KT LOTN CE
BUPAP 50 MG/300 MG TABLET	BUTALBITAL & APAP
BUTALBITAL 50 MG/APAP 300 MG CAP	BUTALBITAL & APAP
CABENUVA 400 MG-600 MG ER SUSP	CABOTEGRAVIR/RILPIVIRINE
CENTANY AT 2% OINTMENT KIT	MUPIROCIN 2 % KIT TOPICAL
CITALOPRAM HBR 30 MG CAPSULE	CITALOPRAM HBR
C-NATE DHA SOFTGEL	PNV 11-IRON FUM-FOLIC ACID-OM3 28-1-200MG
D.H.E.45 1 MG/ML AMPUL	DIHYDROERGOTAMINE MESYLATE
DERMACINRX EMPRICAINE KIT	LIDOCAINE/PRILOCAINE 2.5 %-2.5% KIT TOPICAL
DERMACINRX LEXITRAL PHARMAPAK	DICLOFENAC/CAPSICUM OLEORESIN 1.5-0.025% CMB
~~DICLOFENAC POT 25 MG TABLET~~	~~DICLOFENAC POTASSIUM~~
DICLOTREX 1.5%-4%-10% KIT	DICLOFENAC/MENTHOL/CAMPHOR 1.5 %-10 % KIT
ELYXYB 120 MG/4.8 ML SOLUTION	CELECOXIB
ESGIC 50-325-40 MG CAP	BUTALBITAL, APAP, & CAFFEINE
FIORICET-COD 50-300-40-30 CAP	BUTALBITAL, APAP, CAFF, & CODEINE
GAVILYTE-H AND BISACODYL KIT	BISAC/NACL/NAHCO3/KCL/PEG 3350 5 MG-210 G KIT
LOPROX 0.77% SUSPENSION KIT	CICLOPIROX/SKIN CLEANSER NO.40 0.77 % KIT SS-CLN
LOREEV XR 1 MG CAPSULE	LORAZEPAM
LOREEV XR 1.5 MG CAPSULE	LORAZEPAM
LOREEV XR 2 MG CAPSULE	LORAZEPAM
LOREEV XR 3 MG CAPSULE	LORAZEPAM
MIGRANAL NASAL SPRAY	DIHYDROERGOTAMINE MESYLATE
MORGIDOX 1X50 MG KIT	DOXYCYCLINE/SKIN CLEANSER NO19 50 MG KIT
MORGIDOX KIT	DOXYCYCLINE/SKIN CLEANSER NO19 100 MG KIT
NOCDURNA 27.7 MCG TABLET SL	DESMOPRESSIN ACETATE
NOCDURNA 55.3 MCG TABLET SL	DESMOPRESSIN ACETATE
OB COMPLETE ONE SOFTGEL	PN85/IRON CB&ASP G/FA/DHA/FISH 40-10-1 MG
OB COMPLETE PETITE SOFTGEL	PNV #56/IRON CARB&ASPG/FA/DHA 35-5-1 MG
OMECLAMOX-PAK COMBO PACK	OMEPRAZOLE/CLARITH/AMOXICILLIN
PNV OB+DHA COMBO PACK	PNV 22/IRON,GLUC/FOLIC/DSS/DHA 27-1-50 MG COMB
PRENATE DHA SOFTGEL	PNV #78/IRON ASP GLY/FA#1/DHA 18-1-300MG
PRENATE MINI SOFTGEL	PRENATAL VIT NO.87/IRON/FA/DHA 18-1-350MG
PRENATE PIXIE SOFTGEL	PRENATAL VIT#85/IRON/FA#1/DHA 10-1-200MG
PREVPAC PATIENT PACK	LANSOPRAZOLE/AMOXICILN/CLARITH
PROCYSBI DR 25 MG CAPSULE	CYSTEAMINE BITARTRATE
PROCYSBI DR 300 MG GRANULE PKT	CYSTEAMINE BITARTRATE

PROCYSBI DR 75 MG CAPSULE	CYSTEAMINE BITARTRATE
PROCYSBI DR 75 MG GRANULE PKT	CYSTEAMINE BITARTRATE
PUREFE OB PLUS CAPSULE	MV-MINS NO73/IRON FUM,PS/FOLIC 106 MG-1MG CAP
PUREFE PLUS CAPSULE	MULTIVIT-MIN 62/IRON FUM/FOLIC 106 MG-1MG CAP
QUTENZA 8% KIT	CAPSAICIN/SKIN CLEANSER 8 % KIT TOPICAL
SEGLENTIS 56 MG-44 MG TABLET	TRAMADOL HCL/CELECOXIB
SELECT-OB+DHA PACK	PRENATAL VITS #33/IRON/FA/DHA 29-1-250MG COMBO
SE-NATAL 19 CHEWABLE TABLET	PNV NO.118/IRON FUMARATE/FA 29 MG-1 MG
SE-NATAL 19 TABLET	PNV 119/IRON FUM/FOLIC ACID 29 MG-1 MG
SERTRALINE 150 MG CAPSULE	SERTRALINE HCL
SERTRALINE 200 MG CAPSULE	SERTRALINE HCL
SUTAB 1.479-0.225-0.188 GM TAB	SOD SULF/POT CHLORIDE/MAG SULF
SYMPAZAN 10 MG FILM	CLOBAZAM
SYMPAZAN 20 MG FILM	CLOBAZAM
SYMPAZAN 5 MG FILM	CLOBAZAM
SYNALAR TS 0.01% KIT	FLUOCINOLONE/SKIN CLNSR28 0.01 % KIT TOPICAL
TALICIA DR 10-250-12.5 MG CAP	OMEPRAZOLE/AMOXICILL/RIFABUTIN
TRICARE PRENATAL TABLET	PRENATAL #103/IRON FUMARATE/FA 27 MG-1 MG
TRUDHESA NASAL SPRAY	DIHYDROERGOTAMINE MESYLATE
VITAFOL GUMMIES	PNV 112/IRON/FA/OM-3S/DHA/EPA 3.33-.33MG
VITAFOL ULTRA SOFTGEL	PNV#67/IRON PS/FA CMB#1/DHA 29-1-200MG
VITAFOL-OB+DHA COMBO PACK	PRENAT VIT COMB.10/IRON/FA/DHA 65-1-250MG COMBO
VITAFOL-ONE CAPSULE	PNV#26/IRON POLY/FA/DHA 29-1-200MG
XRYLIX 1.5% KIT	DICLOFENAC/KINESIOLOGY TAPE 1.5 % KIT
ZIPSOR 25 MG CAPSULE	**DICLOFENAC POTASSIUM**