



# SmartPA Criteria Proposal

<b>Drug/Drug Class:</b>	Antipsychotics - 1st Generation (Typical) Clinical Edit
<b>First Implementation Date:</b>	April 16, 2020
<b>Revised Date:</b>	April 1, 2021
<b>Prepared for:</b>	MO HealthNet
<b>Prepared by:</b>	MO HealthNet/Conduent
<b>Criteria Status:</b>	<input checked="" type="checkbox"/> Existing Criteria <input type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

## Executive Summary

**Purpose:** Ensure appropriate utilization and control of 1st Generation (Typical) Antipsychotics

**Why Issue Selected:** Typical or 1<sup>st</sup> generation antipsychotics are a class of antipsychotic drugs which have been used since the 1950s to treat psychosis. These agents are also used as sedatives, tranquilizers, antiemetics, to control hiccups, and in the treatment of drug-induced psychosis. Typical antipsychotics have a significant potential to cause extrapyramidal side effects and tardive dyskinesia; for this reason, atypical or 2<sup>nd</sup> generation antipsychotics are now considered first line therapies. With the implementation of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, state Medicaid programs have new requirements regarding prescription drug utilization reviews, including a program to monitor and manage the appropriate use of antipsychotic medications (both typical and atypical). MO HealthNet is introducing new processes to monitor prescribing of typical antipsychotics to meet the above requirements.

### Program-Specific Information:

Date Range FFS 10-01-2019 to 9-30-2020				
Drug	Claims	Spend	Avg Spend per Claim	
ADASUVE (LOXAPINE) 10MG INHALATION PWD	0	-	-	
CHLORPROMAZINE HCL 10 MG TABLET	530	\$86,782.87	\$164.45	
CHLORPROMAZINE HCL 25 MG TABLET	2,397	\$490,413.33	\$204.02	
CHLORPROMAZINE HCL 50 MG TABLET	3,086	\$742,539.56	\$241.29	
CHLORPROMAZINE HCL 100 MG TABLET	2,731	\$967,336.67	\$354.22	
CHLORPROMAZINE HCL 200 MG TABLET	603	\$280,254.72	\$464.73	
FLUPHENAZINE DECANOATE 25 MG/ML VIAL	587	\$55,919.00	\$95.26	
FLUPHENAZINE HCL 1 MG TABLET	144	\$24,826.46	\$173.67	
FLUPHENAZINE HCL 2.5 MG TABLET	268	\$63,180.71	\$236.71	
FLUPHENAZINE HCL 5 MG TABLET	732	\$234,896.24	\$319.86	
FLUPHENAZINE HCL 10 MG TABLET	509	\$221,538.61	\$435.10	
FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR	0	-	-	
FLUPHENAZINE HCL 5 MG/ML ORAL CONC	1	\$213.81	\$213.81	
HALOPERIDOL 0.5 MG TABLET	314	\$8,916.56	\$28.37	
HALOPERIDOL 1 MG TABLET	567	\$20,580.74	\$35.25	
HALOPERIDOL 2 MG TABLET	996	\$43,784.19	\$43.65	
HALOPERIDOL 5 MG TABLET	8,394	\$366,750.74	\$43.69	
HALOPERIDOL 10 MG TABLET	3,479	\$173,127.21	\$49.82	
HALOPERIDOL 20 MG TABLET	446	\$26,509.07	\$59.41	
HALOPERIDOL DECANOATE 50 MG/ML AMPUL	523	\$27,655.33	\$52.87	
HALOPERIDOL DECANOATE 50 MG/ML VIAL	333	\$16,306.48	\$49.45	

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HALOPERIDOL DECANOATE 100 MG/ML AMPUL	1,851	\$154,760.98	\$83.63
HALOPERIDOL DECANOATE 100 MG/ML VIAL	3,331	\$277,286.89	\$83.24
HALOPERIDOL LACTATE 2 MG/ML ORAL CONC	667	\$30,686.03	\$46.15
LOXAPINE SUCCINATE 5 MG CAPSULE	525	\$16,913.13	\$32.09
LOXAPINE SUCCINATE 10 MG CAPSULE	765	\$35,762.99	\$46.75
LOXAPINE SUCCINATE 25 MG CAPSULE	655	\$25,890.35	\$39.51
LOXAPINE SUCCINATE 50 MG CAPSULE	578	\$32,647.18	\$56.48
MOLINDONE HCL 5 MG TABLET	0	-	-
MOLINDONE HCL 10 MG TABLET	0	-	-
MOLINDONE HCL 25 MG TABLET	0	-	-
PERPHENAZINE 2 MG TABLET	721	\$30,847.51	\$42.77
PERPHENAZINE 4 MG TABLET	836	\$38,382.17	\$45.93
PERPHENAZINE 8 MG TABLET	486	\$22,688.43	\$46.64
PERPHENAZINE 16 MG TABLET	58	\$2,833.12	\$49.32
PERPHENAZINE/AMITRIPTYLINE HCL 2 MG-10 MG TABLET	14	\$1,326.18	\$88.82
PERPHENAZINE/AMITRIPTYLINE HCL 2 MG-25 MG TABLET	0	-	-
PERPHENAZINE/AMITRIPTYLINE HCL 4 MG-10 MG TABLET	0	-	-
PERPHENAZINE/AMITRIPTYLINE HCL 4 MG-25 MG TABLET	2	\$316.16	\$158.08
PERPHENAZINE/AMITRIPTYLINE HCL 4 MG-50 MG TABLET	0	-	-
PIMOZIDE 1 MG TABLET	65	\$5,224.05	\$80.46
PIMOZIDE 2 MG TABLET	46	\$4,854.66	\$105.36
PROCHLORPERAZINE MALEATE 5MG TABLET	1,412	\$31,328.33	\$22.12
PROCHLORPERAZINE MALEATE 10MG TABLET	5,574	\$181,360.38	\$32.53
PROCHLORPERAZINE MALEATE 25MG SUP RECTAL	177	\$19,099.21	\$107.28
THIORIDAZINE HCL 10 MG TABLET	37	\$1,165.47	\$31.64
THIORIDAZINE HCL 25 MG TABLET	82	\$8,465.45	\$103.36
THIORIDAZINE HCL 50 MG TABLET	47	\$3,296.38	\$70.38
THIORIDAZINE HCL 100 MG TABLET	36	\$2,062.65	\$57.09
THIOTHIXENE 1 MG CAPSULE	64	\$3,465.21	\$50.02
THIOTHIXENE 2 MG CAPSULE	145	\$12,700.29	\$84.57
THIOTHIXENE 5 MG CAPSULE	50	\$3,827.30	\$69.53
THIOTHIXENE 10 MG CAPSULE	13	\$1,817.81	\$143.03
TRIFLUOPERAZINE HCL 1 MG TABLET	6	\$238.70	\$42.41
TRIFLUOPERAZINE HCL 2 MG TABLET	27	\$1,875.39	\$62.48
TRIFLUOPERAZINE HCL 5 MG TABLET	46	\$3,712.73	\$80.43
TRIFLUOPERAZINE HCL 10 MG TABLET	24	\$2,418.64	\$100.36

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

Data Sources:  Only Administrative Databases  Databases + Prescriber-Supplied

## Setting & Population

- Drug class for review: 1st Generation (Typical) Antipsychotics
- Age range: All appropriate MO HealthNet participants

## Approval Criteria

### Initial Therapy:

- For nausea, vomiting, or hiccups:
  - Claim for chlorpromazine 10, 25, or 50 mg tablets, prochlorperazine 5 or 10 mg tablets, or prochlorperazine 25 mg suppositories **AND**
  - Claim is within approved dosage limitations for use in nausea, vomiting, or hiccups **AND**
  - Claim is for ≤ 10 days supply **AND**
  - Participant does not have a history of antipsychotic therapy in the past 15 days
- For all other indications:
  - Participant is aged > 8 years **AND**
  - Documented appropriate diagnosis

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- Claim for thioridazine: documented therapeutic trial of 2 or more antipsychotic agents (not thioridazine) in the past 2 years
- Claim for a long acting injectable typical antipsychotic: documented history of therapy with the same long acting injectable or a similar short acting agent in the past year

Continuation of Therapy:

- Participant demonstrates compliance to prescribed therapy (90 out of 120 days)

**Denial Criteria**

- Therapy will be denied if all approval criteria are not met
- Participant is aged ≥ 18 years with documented history of > 2 concurrent antipsychotics for 60 of the past 90 days
- Participant is aged < 18 years with documented history of > 2 concurrent antipsychotics for 30 of the past 90 days
- Claim exceeds quantity limitations:

Drug Description	Max Units Per Day
CHLORPROMAZINE HCL 10 MG TABLET	4 tabs
CHLORPROMAZINE HCL 25 MG TABLET	4 tabs
CHLORPROMAZINE HCL 50 MG TABLET	4 tabs
CHLORPROMAZINE HCL 100 MG TABLET	8 tabs
CHLORPROMAZINE HCL 200 MG TABLET	8 tabs

**Required Documentation**

Laboratory Results:   
 MedWatch Form:

Progress Notes:   
 Other:

**Disposition of Edit**

Denial: Exception code "0682" (Clinical Edit)  
 Rule Type: CE

**Default Approval Period**

1 year

**References**

- Facts & Comparisons. Antipsychotic Agents, First Generation (Typical). Accessed November 2, 2020.
- Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act 2018. Available at: <https://www.congress.gov/bill/115th-congress/house-bill/6>

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