

Clinical Edit Criteria Proposal

Drug/Drug Class: **Atypical Antipsychotic Clinical Edit**
 Date: **October 21, 2010**
 Prepared for:
 Prepared by: **MO HealthNet**

New Criteria

Revision of Existing Criteria

Executive Summary

Purpose: Ensure appropriate and prudent use atypical antipsychotic medications within the MO HealthNet Pharmacy program.

Why was this Issue Selected:

Patient safety is at the heart of MO HealthNet administration and Pharmacy management decision-making. Protecting patient safety in the Pharmacy program includes assessing for utilization of the atypical antipsychotic medications. By using medical evidence guidelines, a new clinical edit can help to flag potentially dangerous duplicate and high dose therapy for these agents. Additionally, some participants are cared for by multiple prescribers and have medications filled at different pharmacies. Without a clinical edit capability it is almost impossible to prevent duplication within a drug class, dangerous drug interactions, or overmedication. The clinical edit would not replace medical practice. **The edit helps to provide an “early warning alert” to the pharmacist filling the prescription and the prescribing physician.** Even if the edit is “triggered” and the physician wishes to override the process for medically necessary reasons, as is presently true for all other drug classes the drug can be approved with further medical input through direct communication with the MHD Hotline. As the clinical edits are phased in, compliance and efficacy with existing medications are always taken into account, helping to ensure a smooth transition for current participants.

Setting & Population: All Patients

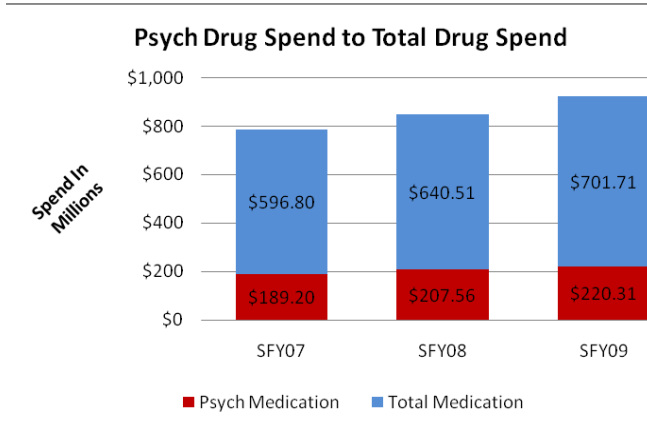
Type of Criteria:

Increased risk of ADE **Non-Preferred Agent**

Appropriate Utilization **Other:**

Data Sources: **Only administrative databases** **Databases + Prescriber-supplied**

Program-specific information:



Setting & Population

- Drug/drug class for review: Atypical Antipsychotics
- Age range: All patients
- Gender: males and females

Approval Criteria

- Atypical Antipsychotic **monotherapy** for the treatment of schizophrenia, bipolar disorder, or psychosis
- Appropriate diagnosis (see diagnosis table – Appendix A)
- Doses not exceeding recommended maximum doses (see Table 1)
- Documented compliance to current therapy regimen (adults – 90 days of therapy out of the most recent 120 days)

| Approval Diagnoses (Appendix A) | | | | |
|---------------------------------|-------------------------------|----------------|------------|-----------------|
| Condition | Submitted ICD-9 Diagnoses | Inferred Drugs | Date Range | Client Approval |
| Acute Psychosis | 298.0 – 298.9 | -- | 720 days | |
| ADHD | 314.00 – 314.9 | -- | 720 days | |
| Conduct Disorder/Disturbance | 312.9 | -- | 720 days | |
| Oppositional Defiant Disorder | 313.81 | -- | 720 days | |
| Agitation | 307.9 | -- | 720 days | |
| Autism | 299.0 – 299.9 | -- | 720 days | |
| Bipolar | 296.0 – 296.99 | -- | 720 days | |
| Delirium | 293.0 – 293.9 | -- | 720 days | |
| Dementia | 294.0 – 294.9 | -- | 720 days | |
| Depression | 311, 309.0-309.4, 289.0,300.4 | -- | 720 days | |
| Obsessive Compulsive Disorder | 301.4, 300.3 | -- | 720 days | |
| Schizophrenia | 295.0 – 295.9 | -- | 720 days | |
| Singultus | 786.8 | -- | 720 days | |
| Tourette's Syndrome | 307.23 | -- | 720 days | |
| Tremor | 781.0 | -- | 720 days | |



Denial Criteria

- Use of more than two atypical antipsychotics for more than 60 of the past 90 days
- For under 18 years:
 - Use of 2 or more atypical antipsychotics for more than 30 days
- Use of atypical antipsychotic for children under age 5 years
- Use of atypical antipsychotic at higher than recommended max dose for more than 45 days (see Table 1)

Required Documentation

Laboratory results:
MedWatch form:

Progress notes:

Disposition of Edit

- **Denial:** Edit 682 “Clinical Edit”

References

1. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2010.
2. Facts and Comparisons; 2010.
3. USPDI, Micromedex, 2010.
4. Clinical Pharmacology Online, 2010.
5. Missouri Behavioral Pharmacy Management Program, CNS/CMT; 2009.



Atypical Antipsychotic Table 1

| Brand Name | Generic Name | Adult Max Daily Dose |
|------------------|-----------------------|----------------------|
| Abilify | Aripiprazole | 40mg |
| Clozaril/Fazaclo | Clozapine | 900mg |
| Zyprexa | Olanzapine | 40mg |
| Zyprexa Relprevv | Olanzapine | 405mg q4 weeks |
| Symbyax | Olanzapine/Fluoxetine | 24mg/100mg |
| Invega | Paliperidone | 18mg |
| Seroquel | Quetiapine | 1200mg |
| Risperdal | Risperidone | 20mg |
| Geodon | Ziprasidone | 240mg |
| Fanapt | Iloperidone | 30mg |
| Saphris | Asenapine | 30mg |

