INITIAL IMPLEMENTATION OF TABLET SPLITTING CRITERIA IN ELECTRONIC PRIOR AUTHORIZATION

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BACKGROUND

Medicaid programs struggle to control costs while providing needed products to beneficiaries. When expensive agents are priced such that different strengths cost the same amount or they are not linearly priced, tablet splitting can be a means of reducing program costs. To achieve the full benefit of these potential savings, a clinical edit needs to be used during adjudication and the requirement of tablet splitting needs to be accomplished through electronic prior authorization (EPA) as opposed to manual prior authorizations. As costs continue to rise, tablet splitting will be considered more often as a method of controlling program costs. The Mississippi Division of Medicaid (MDOM) decided to explore the use of tablet splitting in 2013. The work reported was conducted by the MS-DUR program in the Center for Pharmaceutical Marketing and Management as part of the Mississippi Division of Medicaid (MDOM) program in the Center for Pharmaceutical Marketing and Management as part of the Mississippi Division of Medicaid (MDOM) program in the Center for Pharmaceutical Marketing and Management. The views expressed are those of the authors and do not necessarily reflect those of Mississippi Division of Medicaid or the University of Mississippi.

OBJECTIVES

The objective of a tablet splitting criteria is to maintain beneficiary access and treatment options while reducing total program costs by taking advantage of the non-linear pricing of an agent.

PRACTICE DESCRIPTION

Gioold Health Systems (MDOM’s PDL clinical vendor) identified Abilify® as a product that would economically justify a tablet splitting criteria. MDOM consulted with practicing psychiatrists regarding feasibility and identifying potential difficulties. An analysis was conducted by MS-DUR to determine current dosing patterns for the product and the potential number of cases where tablet splitting could occur. MDOM allowed grandfathering for patients remaining on prior stable therapy in order to minimize the difficulty of beneficiaries and providers transitioning to the tablet splitting requirement. Tablet splitting was not required until a dosing change occurred.

Potential issues identified that made programming for EPA difficult included:
1. Abilify® labeling indicates QD dosing but BID dosing is sometimes used for tolerability reasons.
2. Some commonly used doses of Abilify® cannot be achieved with tablet splitting so not every prescription would require splitting.
3. The daily dose computed from quantity dispensed and days supply on claims does not always result in a reasonable daily dose.

Prior to implementation, MS-DUR mailed educational materials to prescribers. MDOM implemented the Abilify® tablet splitting criteria through EPA in February 2013.

Feedback from practitioners has indicated little, if any, problems with the tablet splitting criteria. As noted in the Provider Summary Sheet, MDOM added coverage for a tablet splitter each year. The views expressed are those of the authors and do not necessarily reflect those of Mississippi Division of Medicaid or the University of Mississippi.

OUTCOMES

TABLE 1: Savings From Abilify Tablet Splitting

<table>
<thead>
<tr>
<th>Strength</th>
<th>Increase in % Dispensed 0.5 Daily Dose</th>
<th>Average # RXs/month</th>
<th>Savings/RX in Paid Amount When Splitting</th>
<th>Savings,Month in Paid Amount from Splitting</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 mg</td>
<td>26.7%</td>
<td>130</td>
<td>$355</td>
<td>$12,342</td>
</tr>
<tr>
<td>10 mg</td>
<td>69.3%</td>
<td>331</td>
<td>$355</td>
<td>$81,188</td>
</tr>
<tr>
<td>15 mg</td>
<td>39.3%</td>
<td>78</td>
<td>$1,065</td>
<td>$32,752</td>
</tr>
<tr>
<td>20 mg</td>
<td>58.7%</td>
<td>300</td>
<td>$209</td>
<td>$36,697</td>
</tr>
<tr>
<td>30 mg</td>
<td>52.1%</td>
<td>125</td>
<td>$209</td>
<td>$13,539</td>
</tr>
</tbody>
</table>

**TOTAL Savings/Month** $176,519

| Savings/Bene on Abilify/Month | $189.53 |

CONCLUSIONS

With proper planning and programming of an EPA edit, tablet splitting can be successfully implemented for products such as Abilify® without affecting access to therapy while significantly reducing pharmacy expenditures.

ACKNOWLEDGMENTS/DISCLOSURES

The work reported was conducted by the MS-DUR program in the Center for Pharmaceutical Marketing and Management as part of the Mississippi Division of Medicaid. The views expressed are those of the authors and do not necessarily reflect those of Mississippi Division of Medicaid or the University of Mississippi.