

## **Savings from Implementing a Tablet Splitting Criteria for Aripiprazole in a State Medicaid Program**

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**Background:** When different strengths of agents are parity priced by manufacturers, that is the per unit cost is the same regardless of the strength, tablet splitting can be a means of reducing program costs while not limiting access. The Mississippi Division of Medicaid (MDOM) identified aripiprazole as a good candidate for a tablet splitting policy. The MDOM consulted with psychiatrists to assess the feasibility and to identify potential difficulties with a tablet splitting policy for aripiprazole. Potential issues identified that made programming for electronic prior authorization (EPA) difficult included labeling indicates QD dosing but BID dosing is sometimes used for tolerability reasons, and the daily dose computed from quantity dispensed and days supply on claims does not always result in a reasonable daily dose. MDOM implemented the aripiprazole tablet splitting criteria through EPA at the end of February 2013.

**Objectives and Purpose:** The goal of a tablet splitting criteria is to reduce total program costs without restricting beneficiary access to treatment options. The research objectives were to evaluate the impact of a tablet splitting policy for aripiprazole on access to care and pharmacy costs.

**Methods:** A retrospective analysis was conducted of the MDOM prescription claims for February 2013 – April 2014. All aripiprazole prescriptions were extracted and daily consumption (DACON) was computed by dividing the number of tablets dispensed by the days supply. Tablet splitting rates and the number of beneficiaries taking aripiprazole were computed for each month. Savings were computed based on the average cost of goods paid for each tablet strength and the number of tablets that would have been dispensed without tablet splitting for the period January – June 2014.

### **Results:**

No impact was observed on the number of beneficiaries taking aripiprazole each month. During the first six months of 2014, 65% of prescriptions were for split dosing. This ranged from 7% for 2mg tablets to 83% for 10mg tablets. The policy reduced the amount paid for aripiprazole \$253,995 per month.

**Conclusions:** When medications are not priced on a linear per milligram basis, tablet splitting can result in significant savings without reducing access to needed doses.

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