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.

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

Goold 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 dosage 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 high prescribers. MDOM implemented the Abilify® tablet splitting criteria through EPA in February 2013.

OUTCOMES

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 Mississippi Division of Medicaid (MDOM) implemented the tablet splitter in order to implement the Abilify® tablet splitting criteria. As shown in Figure 1, dispensing of Abilify® with a daily dosing of 0.5 tablets/day significantly increased after implementation. Due to grandfathering of patients on stable doses, the percentage of Abilify® prescriptions that can be shifted to daily doses of 0.5 tablets/day has not peaked for many of the strengths. The percentages are not ever expected to be 100% due to manual PAs approved for BID dosing and whole tablet dosing when special patient needs exist.

OUTCOMES

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.

TABLE 1: Savings From Abilify Tablet Splitting

<table>
<thead>
<tr>
<th>Strength</th>
<th>Increase in %</th>
<th>Average # RXs/month</th>
<th>Savings/RX in Paid Amount When Splitting</th>
<th>Savings/PA 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>69.1%</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

The work reported was conducted by the MS-DUR program in the Center for Pharmaceutical Marketing and Management as part of the retrospective drug use analysis activities conducted under contract with 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.