

CATEGORY: PRACTICE POSTER**Authors:**

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INITIAL IMPLEMENTATION OF TABLET SPLITTING CRITERIA IN ELECTRONIC PRIOR AUTHORIZATION

Background: Medicaid programs struggle to control costs while providing needed products to beneficiaries. When expensive 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. 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 reduce total program costs without restricting beneficiary access to treatment options.

Practice Description: The MDOM identified Abilify[®] as a product that would economically justify implementing a tablet splitting criteria. MDOM consulted with psychiatrists to assess the feasibility and to identify potential difficulties. An analysis was conducted by MS-DUR to determine current dosing patterns for the product. Potential issues identified that made programming for electronic prior authorization (EPA) difficult included: (1) 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, and (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 at the end of February 2013.

Outcomes:

Anecdotal feedback from practitioners has not indicated any significant problems with the tablet splitting criteria. EPA denials have predominately been due to pharmacists not reading the denial messages. After 6 months, MS-DUR estimated total payments to pharmacies were reduced \$124,374/month by splitting 10, 20, and 30mg tablets.

Conclusions: With proper planning, tablet splitting can be successfully implemented through EPA even when dosing variations occur.