nh healthy families

MEDICAL NECESSITY GUIDELINE

DEPARTMENT: Pharmacy	**DOCUMENT NAME:** Quantity Limit Overrides
PAGE: 1 of 3	**REFERENCE NUMBER:** NH.PMN.59
EFFECTIVE DATE: 05/14	**REPLACES DOCUMENT:**
RETIRED:	**REVIEWED:** 05/14, 08/16, 07/17
PRODUCT TYPE: Medicaid	**REVISED:**

IMPORTANT REMINDER

This Clinical Policy has been developed by appropriately experienced and licensed health care professionals based on a thorough review and consideration of generally accepted standards of medical practice, peer-reviewed medical literature, government agency/program approval status, and other indicia of medical necessity.

The purpose of this Clinical Policy is to provide a guide to medical necessity. Benefit determinations should be based in all cases on the applicable contract provisions governing plan benefits ("Benefit Plan Contract") and applicable state and federal requirements, as well as applicable plan-level administrative policies and procedures. To the extent there are any conflicts between this Clinical Policy and the Benefit Plan Contract provisions, the Benefit Plan Contract provisions will control.

Clinical policies are intended to be reflective of current scientific research and clinical thinking. This Clinical Policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding results. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members.

Description: Quantity limits (QL) are concurrent pharmacy edits on individual drugs that restrict the utilization to what is deemed appropriate and safe based on standard FDA and manufacturer dosing guidelines. Quantity limits encompassed both the medically accepted frequency of dosing per day and the maximum daily dose. Certain quantity limits also contain an aspect of dose optimization. Dose optimization quantity limits are applied when multiple strengths of a drug are readily available on the market (and the use of lower strengths can be consolidated with a high strength dosage form). Most quantity limits are applied with a daily dose edit, however in certain circumstances where daily dose is not convenient, a quantity per period of time (e.g. 30 days) is implemented.

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Approval criteria for quantity above specified limit:

A. Rare conditions/diseases: FDA dosing guidelines indicates a higher quantity (dose or frequency) for a specific disease state than currently implemented (e.g. proton pump inhibitors are commonly used for GERD therefore the QL is one per day, however when there is a rare diagnosis such as Zollinger-Ellison syndrome or other similar acid reflux conditions an override for two doses per day will be allowed).

B. Continuity of care: For members currently on regimens with quantities above set limits, a (one-time) 3-month titration period to the standard limit will be allowed. Only drug classes in which continuity of care programs are applied are eligible (i.e. anticonvulsants).

C. Pain Management: For opioid analgesics where maximum daily doses do not exist quantity limits can be overridden for the following:

I. Diagnosis of cancer, sickle cell anemia, or terminally ill/end of life care, OR

II. The members has signed a pain management treatment plan specific to his/her care with a single qualified prescriber AND the prescriber has provided his plan of action (which may include historical titration schedule to the current dose and/or titration schedule to decrease the dose to be within the QL)

D. Off Label Use: The prescribing physician can provide documentation that quantities above the set standard have been proven safe and effective, for a specific disease state, in a defined regimen. Documentation must be in the form of a Phase 3 study (or equivalent), published in a reputable peer reviewed medical journal or clinical practice guideline or text or if dose has been demonstrated to be safe and effective for the patient based on prior clinical experience. (For additional

requirements, please reference the off-label use policy CP.PMN.53.)

Approval: 3-12 months depending on the criteria for approval and disease state the quantity limit is requested for.

Revision Log	
Revision	**Date**
Added if dose has been demonstrated to be safe and effective for the patient based on prior clinical experience.	07/15
Annual Review, No changes	08/16
Annual Review, No changes	07/17

POLICY AND PROCEDURE APPROVAL

Pharmacy & Therapeutics Committee: Approval on file

V.P. Pharmacy Operations: Approval on file

Sr. V.P. of Medical Affairs, CMO: Approval on file