

Pharmacy & Medical Clinical Guidelines - **Quantity Limitation Program**

Document Number: 9.015

Effective Date: 01/01/2012

Product Applicability: MassHealth Commonwealth Care Commercial

Summary:

BMC HealthNet Plan will authorize coverage for additional quantities of medications restricted under the Quantity Limitation Program when appropriate criteria are met.

Description of Item or Service:

The Quantity Limitation Program ensures the safe and appropriate use of a select number of medications by covering a specified amount of the medication to be dispensed at any one time.

Clinical Guideline Statement:

BMC HealthNet Plan may authorize coverage for additional quantities of medications restricted under the Quantity Limitation Program for members who meet the following criteria:

1. Physician documentation of the clinical rationale for requesting a quantity of medication greater than the current amount allowed under the Quantity Limitation Program.

AND

2. Clinical use of the dosage of the medication requested is a reasonable clinical treatment option based on nationally recognized guidelines from an entity specific to the disease for which the member is being treated. *Literature citations must be provided by the prescriber.*

OR

Clinical use of the dosage of the medication requested is reasonably safe and effective based on the available medical literature (if relevant nationally recognized guidelines have not been published). *Literature citations must be provided by the prescriber.*

OR

Clinical use of the dosage of the medication requested is required for titration within a dose range consistent with manufacturer package labeling*.

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** Quantity Limit Override requests for the purposes of titration will be approved for a period of up to 3 months.*

Limitations:

BMC HealthNet Plan will *not* approve coverage for additional quantities of medications restricted under the Quantity Limitation Program in the following instances:

1. When above criteria are not met.

References:

N/A

Document History:

Approved by: Pharmacy and Therapeutics Committee – January 11, 2007

Change Date (01/10/2008) – P&T Annual Review, no changes required.

Change Date (01/08/2009) – P&T Annual Review, specific requirements for medical literature documentation added, specific duration of approval for titration added.

Change Date (05/13/2010) – P&T Annual Review, modified quantity limitations for specific ADHD medications, antidepressants, and miscellaneous medications.

Change Date (07/10/2010) – Quantity limit update, modified quantity limitations for Zyvox[®], new quantity limitations for Stelara[™].

Change Date (09/16/2010) – Quantity limit update for OTC aspirin (#1 per day), citalopram 40mg (#2 per day) and sumatriptan inj (#4 boxes/month); new policy for Saphris, Oleptro, Pexeva, Exalgo, Pennsaid, Zipsor, Cambia and Qutenza.

Change Date (05/12/2011) – P&T Annual Review, quantity limitation list updated

Change Date (07/14/2011) – P&T Annual Review, quantity limitation list updated

Change Date (09/08/2011) – P&T Annual Review, quantity limitation list updated.

IMPORTANT NOTE: Not all services are covered for all products or employer groups. This medical policy expresses the Plan's determination of whether certain services or supplies are medically necessary, experimental or investigational or cosmetic. The Plan has reached these conclusions based upon the regulatory status of the technology and a review of clinical studies published in peer-reviewed medical literature. Even though this policy may indicate that a particular service or supply is considered covered or not covered, this conclusion is not based upon the terms of a member's particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all services that are determined to be medically necessary will necessarily be covered services under the terms of a member's benefit plan. Members and their providers need to consult the applicable benefit plan document (e.g., Evidence of Coverage) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this medical policy and the benefit plan document, the provisions of the benefit plan document will govern. In addition, this policy and the benefit plan document are subject to applicable state and federal laws that may mandate coverage for certain services and supplies.

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Drug and Strength	Quantity Limit	PA,ST	Drug and Strength	Quantity Limit	PA,ST
ADHD Medications (60 day supply covered)			ADHD Medications (60 day supply covered)		
Adderall XR/amphetamine-dextroamphetamine XR	2 per day	PA(brand)	Emend 125 mg	4 per 30 days	PA
amphetamine-dextroamphetamine	3 per day		Emend 40 mg	1 per 30 days	PA
Concerta 18, 27, 54 mg	1 per day		Emend 80 mg	8 per 30 days	PA
Concerta 36 mg	2 per day	PA(brand)	Emend Pak	4 paks (12 caps) per 30 days	PA
Daytrana	1 per day	PA	dronabinol	1 per day	PA
dexmethylphenidate	2 per day		ondansetron 24 mg	5 per 30 days	
dextroamphetamine IR 5 mg	3 per day		ondansetron oral solution	75 mL per 30 days	
dextroamphetamine IR 10 mg	6 per day		ondansetron/ODT 4, 8mg	15 per 30 days	
dextroamphetamine SR 5 mg	2 per day		Sancuso	4 patches per 30 days	PA
dextroamphetamine SR 10 mg	5 per day		Zuplenz	15 per 30 days	PA
dextroamphetamine SR 15 mg	4 per day		Antipsychotics		
Focalin XR	1 per day		Abilify	1 per day	PA
Intuniv	1 per day	PA	Abilify DiscMelt	1 per day	PA
Kapvay	2 per day	PA	Abilify oral soln	30ml per day	
Methylphenidate 2.5, 5 mg	3 per day		Fanapt	2 per day	PA
Methylphenidate 10 mg	6 per day		Geodon	2 per day	
Methylphenidate ER	2 per day		Invega 6mg	2 per day	PA
Methylphenidate IR	3 per day		Invega tab all other strengths	1 per day	PA
Ritalin LA	1 per day		Invega Sustenna	1 inj per 30days	
Strattera	2 per day	PA	Latuda	1 per day	PA
Vyvanse	1 per day	PA	Risperdal Consta	2 inj per 30 days	
Anticonvulsants			Risperdal M-Tab 0.5 mg	4 per day	PA
Banzel 200mg	2 per day		Risperdal M-Tab 1, 2, 3, 4 mg	2 per day	PA
Banzel 400mg	8 per day		risperidone oral soln 1mg/ml	4 ml per day	
Banzel susp	6 bottles per month		risperidone 0.25, 1, 2, 3, 4 mg	2 per day	
Horizant	1 per day	PA	risperidone 0.5 mg	4 per day	
Gralise 300mg	2 per day	PA	Saphris	2 per day	PA
Gralise 600mg	3 per day	PA	Seroquel 25, 50, 200 mg	4 per day	
Keppra XL 500 mg	6 per day	PA	Seroquel 100, 300, 400 mg	3 per day	
Keppra XL 750 mg	4 per day	PA	Seroquel XR 50mg	2 per day	PA
lamotrigine 100, 200 mg	2 per day		Seroquel XR 150, 200, 300, 400mg	1 per day	PA
lamotrigine 150 mg	3 per day		Symbyax	1 per day	
lamotrigine 25 mg	6 per day		Zyprexa IM	6 inj per 30 days	
Lamictal ODT 100, 200 mg	2 per day	PA	Zyprexa	2 per day	
Lamictal ODT 50 mg	3 per day	PA	Zyprexa Zydys	2 per day	PA
Lamictal ODT 25 mg	6 per day	PA	Asthma Therapy - Inhalers		
Lamictal XR 25, 50, 100 mg	1 per day	PA	Alupent, Azmacort, Flovent Diskus/HFA, Pulmicort Turbuhaler/Flexhaler 90 mcg/inh	1 inhaler per 30 days	
Lamictal XR 200 mg	3 per day	PA	Serevent Diskus	1 diskus per 30 days	
Lyrca (all strengths)	3 per day	PA	Advair HFA, Advair Diskus, Symbicort, Dulera	1 inhaler per 30 days	ST
Sabril 500 mg tablets	6 per day	PA	Xopenex HFA	2 inhalers per 30 days	ST
Sabril 500 mg Powder Packets	100 packets per 30 days	PA	Aerobid, Aerobid M, albuterol, Atrovent HFA, Combivent, Maxair Autohaler, ProAir HFA, Proventil HFA, Pulmicort Flexhaler 180mcg/inh, QVAR, Ventolin HFA	2 inhalers per 30 days	
Vimpat soln 10mg/ml	1395ml per 30 days	PA	Asthma Therapy - Capsules and Solutions		
Vimpat tab 50, 100mg	3 per day	PA	Accuneb	120 unit dose vials per 30 days	
Vimpat tab 150, 200mg	2 per day	PA	albuterol nebulizer sol'n	120 unit dose vials per 30 days	
Antidepressants			albuterol-ipratropium nebulizer sol'n	6 vials per day	
Aplenzin	1 per day	PA	Duoneb	180 unit dose vials per 30 days	
bupropion IR 75, 100 mg	3 per day		Spiriva	1 handihaler (w/30 capsules)/30 days	
bupropion/budeprion SR	2 per day		budesonide respules 0.25, 0.5mg, Pulmicort respules 1mg	60 unit dose vials per 30 days	
budeprion XL	1 per day		Foradil	1 Aerolizer (w 60 capsules)/30 days	
bupropion XL	1 per day		Xopenex Neb	96 unit dose vials per 30days	
citalopram 10, 20 mg	1.5 per day		Antifungals		
citalopram 40 mg	1 per day		itraconazole	180 per year	PA
Cymbalta 20, 30, 60 mg	2 per day	PA	Oravig	1 per day	PA
fluoxetine 10 mg tabs/ caps	1.5 / 1 per day		terbinafine	90 per year	PA
fluoxetine 20 mg	3 per day		Antivirals		
fluoxetine 40 mg	2 per day		Tamiflu 30 mg	20 per 30 days (40 per year)	
fluoxetine delayed release 90mg	4 per 28 days	PA	Tamiflu 45 mg, 75 mg	10 per 30 days (20 per year)	
flvoxamine 25, 50 mg	2 per day		Tamiflu Suspension	75 ml per 30 days (150 ml per year)	
flvoxamine 100 mg	3 per day		Relenza	20 inhalations per 30 days (40yr)	
Lexapro	1.5 per day	PA	Antiparkinson Agents		
Luvox CR 100, 150 mg	1 per day	PA	Mirapex ER	1 per day	PA
mirtazapine/ ODT	1 per day		Requip XR	1 per day	PA
Oleptro 150 mg	1.5 per day	PA	Benign Prostatic Hyperplasia (BPH) Medications		
Oleptro 300 mg	1 per day	PA	finasteride 5 mg	1 per day	
Peveva 10, 20 mg	1 per day	PA	Cardura XL	1 per day	PA
Peveva 30, 40 mg	2 per day	PA	Rapafllo	1 per day	PA
paroxetine 10, 20 mg	1 per day	PA	Uroxatral	1 per day	PA
paroxetine 30, 40 mg	2 per day	PA	Avodart	1 per day	PA
paroxetine CR	1 per day		Jalyn	1 per day	PA
Pristiq	1 per day	PA	Bisphosphonates		
Prozac Weekly	4 per 28 days	PA	Boniva	1 injection per 90 days	PA
Selfemra	1 per day	PA	Reclast	1 infusion per year	PA
Sarafem	1 per day	PA	Prolia	2 syringes/vials per year	PA
sertraline 25, 50 mg	1.5 per day		Xgeva	1 injection per 30days	PA
sertraline 100 mg	2 per day		Cycloset		
venlafaxine	3 per day		Cycloset	8 per day	PA
venlafaxine XR tab 37.5, 75, 150 mg	2 per day		Antiemetics		
venlafaxine XR tab 225 mg	1 per day		Arzemet	5 per 30 days	PA
venlafaxine XR cap	2 per day	PA			
Vilbryd 10mg, 40mg	2 per day	PA			
Vilbryd 20mg	1 per day	PA			

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Drug and Strength	Quantity Limit	PA,ST	Drug and Strength	Quantity Limit	PA,ST
Biological DMARDs			Narcotic Analgesics		
Cimzia (Crohn's)	Initial: 3 pack (6inj) for 30 days then 1 pack (2 inj) per 30 days	PA	Avizna	1 per day	PA
Enbrel 25 mg	8 syringes per 28 days	PA	Abstral (fentanyl SL tab) 100, 200mcg	4 per day	PA
Enbrel 50 mg	4 syringes per 28 days	PA	Abstral (fentanyl SL tab) all others	1 per day	PA
Enbrel (Initial Psoriasis Therapy)	2x QL above for first 12 weeks	PA	Butrans	1 per 7days (combined)	PA
Humira	2 syringes per 28 days	PA	butorphanol	12 inhalations per 30 days	PA
Humira Starter Kit (Crohn's)	6 syringes for the first 21days	PA	Embeda 20mg	4 per day	PA
Kineret	1 per day	PA	Embeda all other strengths	2 per day	PA
Orencia subcutaneous	4 syringes per 28days	PA	Exalgo 8, 12 mg	1 per day	PA
Simponi	1 per 30 days	PA	Exalgo 16 mg	4 per day	PA
Stelara	1 inj/30d first 2 mons then 1 inj/90d	PA	fentanyl lozenges (buccal)	15 per 30 days	PA
Fibric Acid Derivatives			fentanyl patches	20 patches per 30 days	PA
Fenofibrate tab	54mg: 2/d; 160mg: 1 /d		Fentora	28 per 30 days	PA
Fenofibrate micronized cap	1 per day		Kadian 20 mg	4 per day	PA
Fenofibric acid tab 35 mg	2 per day		Kadian all other strengths	2 per day	PA
Fenofibric acid tab 105 mg	1 per day		Lazanda	35ml (7 bottles) per 28days	PA
Antara 43 mg	2 per day	PA	Oxycontin	3 per day	PA
Antara 130 mg	1 per day	PA	Opana ER	3 per day	PA
Fenoglide 40 mg	2 per day	PA	Onsolis (200 mcg)	4 films per day	PA
Fenoglide 120 mg	1 per day	PA	Onsolis all other strengths	1 films per day	PA
Fibricor 35 mg	2 per day	PA	oxycodone/acetaminophen combs	4 grams per day of APAP	
Fibricor 105 mg	1 per day	PA	oxycodone/aspirin combinations	4 grams per day of ASA	
Lipofen 50 mg	2 per day	PA	oxycodone/bupropfen	3.2 grams per day of IBU	
Lipofen 150 mg	1 per day	PA	Nucynta	6 per day	PA
Tricor 48 mg	2 per day	PA	Suboxone 2 mg	3 per day	
Tricor 145 mg	1 per day	PA	Suboxone 8 mg	2 per day	
Triglide 50 mg	2 per day	PA	Suboxone Film	3 per day	PA
Triglide 160 mg	1 per day	PA	buprenorphine	3 per day	PA
Trilipix 45 mg	2 per day	PA	NSAIDs and COX2		
Trilipix 135 mg	1 per day	PA	Pennsaid	300 ml per 30 days	PA
Medical Devices & Supplies			Cambia	9 packets per 30 day	PA
blood glucose meter	1 per year		Celebrex	2 per day	PA
diabetic testing strips	200 per month		Flector Patch	60 patches per 30 days	PA
humidifiers/vaporizers	1 per year		Sprx	5 bottles per 3 mons	PA
lancets	200 per month		Voltaren gel	200gm per 30 days	PA
nebulizers	1 per year		Vimovo	2 per day	PA
peak flow meters	2 per year		Zipsor	4 per day	PA
spacers	2 per year		Oral Oncology		
Migrane Therapy (dosing to treat 6 migranes)			Alinitor	2 per day	
naratriptan	12 per 30 days	PA	Gleevec 100mg	3 per day	
Axert	12 per 30 days	PA	Gleevec 400mg	2 per day	
Frova	12 per 30 days	PA	Iressa	1 per day	
sumatriptan injectable	6 kits/10 vials/30 days	PA	Nexavar	4 per day	
sumatriptan nasal	12 inhalers per 30 days	PA	Revimilid 5, 10mg	1 per day	
sumatriptan tablets	12 per 30 days	PA	Revimilid 15, 25mg	21 per 28 days	
Maxalt, Maxalt-MLT	12 per 30 days	PA	Sprycel 20, 50, 70mg	2 per day	
Migranal Spray	12 ampules per 30 days	PA	Sprycel 100mg	1 per day	
Relpax	12 per 30 days	PA	Sutent	1 per day	
Treximet	12 per 30 days	PA	Tarceva 25mg	3 per day	
Zomig, Zomig-ZMT	12 per 30 days	PA	Tarceva 100, 150mg	1 per day	
Miscellaneous			Tasigna	4 per day	
Arcalyst (220 mg vials)	8 vials for 1st 30 days (4 vials per 30 days thereafter)	PA	Tykerb	6 per day	
Ampyra	2 per day	PA	Thalomid 50, 100, 150mg	1 per day	
Glierya	1 per day	PA	Thalomid 200mg	2 per day	
carisoprodol 350mg	120 per 180 days		Voltrient	4 per day	
carisoprodol/aspirin,	240 per 180 days		Zolanza	4 per day	
Chantix	2 per day (max 24 wk therapy per lifetime)		OTCs		
chloroquine	12 per 90 days		Aspirin	1 per day	
Cinryze (500 unit vials)	16 vials per 30 days	PA	Fleet Prep Kits w/wo Enema	1 per 365 days	
Elidel	30 gm per 30 days	PA	generic nicotine products	90 days per treatment and 2 treatments per year	
EpiPen	4 inj per 30 days		OTC Analgesics All Caps/Tab	200 per year	
ilaris (180 mg vial)	1 vial per 8 weeks	PA	OTC Analgesics All Liquid	4 bottles (120 mL each) per year	
isotretinoin cap	2 per day	PA	Nicotrol inhaler	3 kits per 30 days (max 6 mths/yr)	
Makena	1 vial per 30days	PA	Proton Pump Inhibitors		
medroxyprogesterone	1 per 90 days		Aciphex	1 per day	PA
Metozolv ODT	4 per day	PA	Nexium/granules	1 per day	PA
Nuvigil 50mg	2 per day	PA	omeprazole capsules	1 per day	ST
Nuvigil 150, 250mg	1 per day	PA	pantoprazole	1 per day	ST
Protopic	30 gm per 30 days	PA	Prevacid/ SoluTab/granules	1 per day	PA
Provigil	1 per day	PA	Prilosec powder packet	2 per day	PA
Quitzenza	4 patches per 30 days	PA	Protonix granules	1 per day	PA
Relistor	15 vials or 3 kits per 30 days	PA	Zegerid/packet	1 per day	PA
Restasis	60 vials per 30 days	PA	Kapidex/Dexilant	1 per day	PA
Samsca 15mg	1 per day	PA	Insomnia agents		
Samsca 30mg	2 per day	PA	Edluar	1 per day	PA
Savella (4 week titration pack)	1 titration pack/lifetime	PA	Lunesta	1 per day	ST
Savella 12.5, 25, 50, 100 mg	2 per day	PA	Rozzerem	1 per day	
Soma 250 mg	120 per 180 days	PA	Silenor	1 per day	PA
Supprelin LA	1 implant per year	PA	zaleplon	1 per day	
Zyvox	tabs=2/d; susp=900/14d	PA	zolpidem	1 per day	
			zolpidem ER	1 per day	ST
			Zolpimist	7.7ml per 30 days	PA

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Drug and Strength	Quantity Limit	PA,ST	Drug and Strength	Quantity Limit	PA,ST
Topical Immunomodulators			Viscosupplements		
Imiquimod	48 units per 16 weeks	PA	Euflexxa (preferred)	1 inj/wk/knee (up to 3 inj)	PA
Zyclara	56 units per 6 weeks	PA	Hyalgan	1 inj/wk/knee (up to 5 inj)	PA
Urinary Antispasmodic			Supartz	1 inj/wk/knee (up to 5 inj)	PA
Detrol LA	1 per day		Orthovisc	1 inj/wk/knee (up to 4 inj)	PA
Vesicare	1 per day		Synvisc-One	1 injection per knee	PA
Enablex	1 per day		Synvisc	1 inj/wk/knee (up to 3 inj)	PA
Oxytrol	8 per 30 days	PA			
Gelnique	1 per day	PA			

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