

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

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Effective Date: 01/11/2007

Product Applicability: MassHealth Commonwealth Care

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

3. 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.*

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OR

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

**Quantity Limit Override requests for the purpose 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:

- When above criteria are not met.

References:

N/A

Document History:

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

Change Date: (1/10/2008) Pharmacy and Therapeutics Committee Annual Review, no changes required.

Change Date: (1/08/2009), Pharmacy and Therapeutics Committee Annual Review, specific requirements for medical literature documentation added, specific duration of approval for titration added.

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Quantity Limitation Program Drug List

Prescriptions exceeding limit
require prior authorization
PA Form available at www.bmchp.org

Drug and Strength	Quantity Limit	PA,ST	Drug and Strength	Quantity Limit	PA,ST
ADHD Medications (60 day supply covered)			Antiemetics		
Adderall XR 5, 10, 15, 25 mg	1 per day		Anzemet	5 per 30 days	PA
Adderall XR 20, 30 mg	2 per day		Emend 125 mg	4 per 30 days	PA
amphetamine-dextroamphetamine	2 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		Emend Pak	4 paks (12) per 30 days	PA
dexamethylphenidate	2 per day		granisetron tablets	10 per 30 days	PA
dextroamphetamine IR 5 mg	3 per day		Granisol oral solution	50 mL per 30 days	ST
dextroamphetamine IR 10 mg	6 per day		dronabinol	1 per day	PA
dextroamphetamine SR 5 mg	1 per day		ondansetron 24 mg	5 per 30 days	
dextroamphetamine SR 10 mg	5 per day		ondansetron oral solution	75 mL per 30 days	
dextroamphetamine SR 15 mg	4 per day		ondansetron/ ODT 4 mg, 8 mg	15 per 30 days	
Focalin XR	1 per day		Antipsychotics		
Methylin 2.5, 5 mg	3 per day		Abilify	1 per day	
Methylin 10 mg	6 per day		Abilify DiscMelt	1 per day	PA
Methylin ER	1 per day		Fanapt	2 per day	PA
methylphenidate ER	1 per day		Geodon	2 per day	
methylphenidate IR	3 per day		Invega	1 per day	ST
Ritalin LA	1 per day		Risperdal Consta	2 inj per 30 days	
Strattera 10, 18, 25, 80, 100 mg	1 per day		Risperdal M-Tab 0.5 mg	4 per day	PA
Strattera 40, 60 mg	2 per day		Risperdal M-Tab 1, 2, 3, 4 mg	2 per day	PA
Anticonvulsants			risperidone 0.25, 1, 2, 3, 4 mg	2 per day	
Lamictal, lamotrigine 100, 200 mg	2 per day		risperidone 0.5 mg	4 per day	
Lamictal, lamotrigine 150 mg	3 per day		Seroquel 25, 50, 200 mg	4 per day	
Lamictal, lamotrigine 25 mg	6 per day		Seroquel 100, 300, 400 mg	3 per day	
Lamictal ODT 100, 200 mg	2 per day	PA	Seroquel XR	1 per day	
Lamictal ODT 50 mg	3 per day	PA	Symbyax	1 per day	
Lamictal ODT 25 mg	6 per day	PA	Zyprexa IM	6 inj per 30 days	
Lamictal XR 25, 50, 100 mg	1 per day	PA	Zyprexa 2.5, 5, 7.5, 10 mg	1 per day	
Lamictal XR 200 mg	3 per day	PA	Zyprexa 15, 20 mg	2 per day	
Lyrical (all strengths)	3 per day	PA	Zyprexa Zydis 5, 10 mg	1 per day	PA
Sabril 500 mg Powder Packets	100 packets per 30 days	PA	Zyprexa Zydis 15, 20 mg	2 per day	PA
Sabril 500 mg tablets	6 per day	PA	Asthma Therapy - Inhalers		
Antidepressants			Alupent, Azmacort, Flovent Diskus/HFA, Pulmicort Turbuhaler/Flexhaler 90 mcg/inh	1 inhaler per 30 days	
Aplenzin	1 per day	PA	Advair HFA, Advair Diskus, Symbicort	1 inhaler per 30 days	ST
bupropion XL 300 mg	1 per day		Aerobid, Aerobid M, albuterol, Atrovent	2 inhalers per 30 days	
bupropion/bupropion SR	2 per day		HFA, Combivent, Maxair Autohaler, ProAir HFA, Proventil HFA, Pulmicort Flexhaler 180mcg/inh, QVAR, Ventolin HFA		
bupropion IR 75, 100 mg	3 per day		Serevent Diskus	1 diskus per 30 days	
bupropion XL 150 mg	1 per day		Xopenex HFA	2 inhalers per 30 days	ST
citalopram 10, 20 mg	1 per day		Asthma Therapy - Capsules and Solutions		
citalopram 40 mg	1.5 / 1 per day		Accuneb	120 unit dose vials per 30 days	
Cymbalta 20, 30 mg	2 per day	PA	albuterol nebulizer sol'n	120 unit dose vials per 30 days	
Cymbalta 60 mg	1 per day	PA	albuterol-ipratropium nebulizer sol'n	6 vials per day	
Effexor XR	2 per day	PA	Duoneb	180 unit dose vials per 30 days	
fluoxetine 10 mg tabs/ caps	1.5 / 1 per day		Spiriva	1 handihaler (w 30 capsules) per 30 days	
fluoxetine 20 mg	3 per day		budesonide respules 0.25, 0.5mg, Pulmicort respules 1mg	60 unit dose vials per 30 days	
fluoxetine 40 mg	2 per day		Foradil	Aerolizer (w 60 capsules) per 30 days	
fluvoxamine 25, 50 mg	2 per day		Xopenex Neb	90 unit dose vials per 30days	
fluvoxamine 100 mg	3 per day		Biological DMARDs		
Lexapro	1 per day	PA	Cimzia (Crohn's)	Initial: 6 syringes for 30 days then 2 syringes per 30 days	PA
Luvox CR 100, 150 mg	1 per day	PA	Enbrel 25 mg	8 syringes per 28 days	PA
mirtazapine/ ODT	1 per day		Enbrel 50 mg	4 syringes per 28 days	PA
paroxetine 10, 20 mg	1 per day		Enbrel (Initial Psoriasis Therapy)	2x QL above for first 12 weeks	PA
paroxetine 30, 40 mg	2 per day		Humira	2 syringes per 28 days	PA
paroxetine CR	1 per day		Humira Starter Kit (Crohn's)	6 syringes for 21 days	PA
Pristiq	1 per day	PA	Kineret	1 per day	PA
Prozac Weekly	4 per 28 days	PA	Simponi	1 per 30 days	PA
Sarafem	1 per day	PA	Bisphosphonates		
sertraline 25, 50 mg	1 per day		Boniva	1 injection per 90 days	PA
sertraline 100 mg	2 per day		Reclast	1 injection per 365 days	PA
venlafaxine 25, 37.5, 75 mg	3 per day				
venlafaxine 50, 100 mg	2 per day				
Antivirals					
Tamiflu 30 mg	20 per 30 days (40 per year)				
Tamiflu 45 mg, 75 mg	10 per 30 days (20 per year)				
Tamiflu Suspension	75 ml per 30 days (150 ml per year)				
Relenza	20 inhalations per 30 days (40 per year)				

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Medical Devices & Supplies			OTCs		
blood glucose meter	1 per 365 days		Fleet Prep Kits w/w/o Enema	1 kit per 365 days	
diabetic testing strips	5 per day		generic nicotine products	90 days per treatment and 2 treatments per 365 days	
humidifiers/vaporizers	1 per 365 days		OTC Analgesics All Caps/Tabs	200 per 365 days	
insulin pen needles	4 per day		OTC Analgesics All Liquid	4 bottles (120 mL each) per 365 days	
insulin syringes	4 per day		Oral Oncology		
lancets	100 per 30 days		Afinitor	2 per day	
nebulizers	1 per 365 days		Gleevec 100mg	3 per day	
peak flow meters	2 per 365 days		Gleevec 400mg	2 per day	
spacers	2 per 365 days		Iressa	1 per day	
Migraine Therapy (dosing to treat 3-4 migranes)			Nexavar	4 per day	
Amerge	9 per 30 days		Revlimid 5, 10mg	1 per day	
Axert	12 per 30 days		Revlimid 15, 25mg	21 per 28 days	
Frova	9 per 30 days		Sprycel 20, 50, 70mg	2 per day	
sumatriptan injectable	yringes/5 vials per 30 days		Sprycel 100mg	1 per day	
sumatriptan nasal	2 inhalations per 30 days		Sutent	1 per day	
sumatriptan tablets	9 per 30 days		Tarceva 25mg	3 per day	
Maxalt, Maxalt-MLT	12 per 30 days		Tarceva 100, 150mg	1 per day	
Migranal Spray	8 ampules per 30 days		Tasigna	4 per day	
Relpax	6 per 30 days		Tykerb	5 per day	
Treximet	9 per 30 days	PA	Thalomid 50, 100, 150mg	1 per day	
Zomig, Zomig-ZMT	6 per 30 days		Thalomid 200mg	2 per day	
Miscellaneous			Zolinza	4 per day	
Arcalyst (220 mg vials)	8 vials for 1st 30 days (4 vials per 30 days)	PA	Proton Pump Inhibitors		
carisoprodol 350mg	120 per 180 days		Aciphex	1 per day	ST
carisoprodol/aspirin	240 per 180 days		Nexium/granules	1 per day	ST
Chantix	2 per day (max 24 wk therapy)		omeprazole capsules	1 per day	ST
chloroquine	12 per 90 days		pantoprazole	1 per day	PA
Cinryze (500 unit vials)	16 vials per 30 days	PA	Prevacid/ SoluTab/granules	1 per day	ST
Elidel	30 gm per 30 days	PA	Protonix granules	1 per day	ST
EpiPen	4 inj per 30 days		Zegerid/packet	1 per day	ST
Ilaris (180 mg vial)	1 vial per 8 weeks	PA	Kapdex	1 per day	ST
Nicotrol Inhaler	3 kits per 30 days (max 6 mths/yr)		Sedative Hypnotics		
Nuvigil 50mg	2 per day	PA	Ambien CR	1 per day	PA
Nuvigil 150, 250mg	1 per day	PA	Edluar	1 per day	PA
Protopic	30 gm per 30 days	PA	Lunesta	1 per day	ST
Provigil	1 per day	PA	zaleplon	1 per day	
Relistor	15 per 30 days	PA	zolpidem	1 per day	
Restasis	60 vials per 30 days	PA	Zolpimist	1 container per 30 days	PA
Savella (4 week titration pack)	1 titration pack/lifetime	PA	Viscosupplements		
Savella 12.5, 25, 50, 100 mg	2 per day	PA	Euflexxa (preferred)	1 inj per wk per knee (up to 3 inj)	PA
Soma 250 mg	120 per 180 days	PA	Hyalgan	1 inj per wk per knee (up to 5 inj)	PA
Zyvox	2 per day	PA	Supartz	1 inj per wk per knee (up to 5 inj)	PA
Narcotic Analgesics			Orthovisc	1 inj per wk per knee (up to 4 inj)	PA
Buccal fentanyl lozenges	15 per 30 days	PA	Synvisc	1 inj per wk per knee (up to 3 inj)	PA
Fentora	28 per 30 days	PA	Synvisc-One	1 injection per knee	PA
butorphanol	2 inhalations per 30 days				
Oxycontin	3 per day				
Opana ER	3 per day	PA			
Onsolis (200 mcg)	120 films per 30 days	PA			
Onsolis (1000 mcg)	30 films per 30 days	PA			
Nucynta	180 per month	PA			
Suboxone	3 per day	PA			
Subutex	3 per day	PA			
Transdermal fentanyl	20 patches per 30 days				

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