BOSTON MEDICAL CENTER HEALTHNet PLAN

bmchp.org | 888-566-0008

Pharmacy Policy

Age & Quantity Limitation Program Policy

Policy Number: 9.050
Version Number: 2.0
Version Effective Date: 1/1/2022

Product Applicability

Well Sense Health Plan
☐ New Hampshire Medicaid

Boston Medical Center HealthNet Plan
☒ MassHealth - MCO
☒ MassHealth - ACO
☐ Qualified Health Plans/ConnectorCare/Employer Choice Direct
☐ Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

The Plan may authorize coverage of the above products for members meeting the following criteria:

Covered Use	All FDA approved indications not otherwise excluded
Exclusion Criteria	3. When the quantity exceeds units allowed per Federal and State regulations.
Required Medical Information	**<u>For Requests that Exceed allowed Quantity Limit and/or Duration:</u>** Documentation of the following: 1. A daily dose or longer duration of therapy of the requested medication is clinically necessary; AND a. Daily dose or longer duration of therapy cannot be achieved with

	commercially available dosage strengths and forms; AND ; **AND** b. Request is for an indication within the FDA approved labeling or supported by compendia; AND c. Member has tolerated medication at a lower dose or shorter duration without experiencing adverse effects or clinical rationale why member has not tried medication at lower dose; **AND** d. Member had an inadequate response to the same medication at a lower dosage or shorter duration and the inadequate response is not due to medication non-adherence; **AND** e. Documentation is provided that includes supporting rationale of the medication at the requested dose/duration utilizing current guidelines, drug compendia and/or clinical trials; ***OR*** 2. Dosage titration (up to 3 months) is necessary and cannot be achieved with commercially available dosage strengths and forms within the quantity limit and will be titrated by the prescriber (3-month limit). **<u>For Requests Outside of Age Limit:</u>** Documentation of the following: 1. Request is for an indication within the FDA approved labeling or supported by compendia; AND 2. Supporting rationale for the use of the requested medication outside of the approved age range utilizing current guidelines, drug compendia, and/or clinical trials.
Coverage Duration	Initial: 3 months for dose titrations and 12 months for all others. Reauthorization: 12 months

Clinical Background Information and References

Not Applicable.

Original Approval Date	Original Effective Date	Policy Owner	Approved by
12/1/2020	1/1/2021	Pharmacy Services	Pharmacy & Therapeutics (P&T) Committee

Policy Revisions History

Policy Revisions History			
Review Date	**Summary of Revisions**	**Revision Effective Date**	**Approved by**
12/1/2020	Discontinued Policy 9.015. Created new Age & Quantity Limitation Program Policy for MAH	01/01/2021	Pharmacy & Therapeutics (P&T) Committee
8/12/2021	P&T review: Added new criteria that requested indication be within the FDA approved labeling or supported by compendia; Removed dose/duration greater than FDA recommendation from initial criteria; Removed reauthorization section; Updated exclusion criteria	1/1/2022	P&T Committee

Next Review Date

8/2022

Other Applicable Policies

Reference to Applicable Laws and Regulations, If Any

Disclaimer Information

Medical Policies are the Plan's guidelines for determining the medical necessity of certain services or supplies for purposes of determining coverage. These Policies may also describe when a service or supply is considered experimental or investigational, or cosmetic. In making coverage decisions, the Plan uses these guidelines and other Plan Policies, as well as the Member's benefit document, and when appropriate, coordinates with the Member's health care Providers to consider the individual Member's health care needs.

Plan Policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization standards (including NCQA). Medical Policies are also developed, as appropriate, with consideration of the medical necessity definitions in various Plan products, review of current literature, consultation with practicing Providers in the Plan's service area who are medical experts in the particular field, and adherence to FDA and other government agency policies. Applicable state or federal mandates, as well as the Member's benefit document, take precedence over these guidelines. Policies are reviewed and updated on an annual basis, or more frequently as needed. Treating providers are solely responsible for the medical advice and treatment of Members.

The use of this Policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement.