UnitedHealthcare Community Plan

# Clinical Pharmacy Program Guidelines for Quantity Limits

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| Program | Prior Authorization |
| Medication | Quantity Limits |
| Pharmacy and Therapeutics Approval Date | 2/2017 |
| Effective Date | 4/1/2017 |

## 1. Background:

UnitedHealthcare Community Plan requires prior authorization to use drugs at a level of service beyond formulary quantity limits. Many medically necessary drugs have clinically accepted dosing guidelines, and dosing regimens can often be consolidated to make them more efficient. This policy will identify patients that are prescribed medication that is indicated for a specific dosing guideline and/or dosed according to product labeling, but may not be taking the most efficient dosage regimen. This policy will also identify patients that are prescribed a quantity of medication that is greater than the labeling would indicate. Instituting this Clinical Appendix will assure consolidation of medication dosage to the most efficient dosage regimen, as well as appropriate dosing according to product labeling, and will facilitate adherence to therapy. Additionally, it will promote the efficient use of health care dollars.
The UnitedHealthcare Community Plan formularies/Preferred Drug Lists (PDLs) intend to provide the highest quality of care while also containing cost. Therefore, the UnitedHealthcare Community Plan formularies / PDLs will, in part, be administered through a quantity limit process.

UnitedHealthcare Community Plan applies quantity limits to the use of certain formulary/PDL medications that are amenable to the development of clinically appropriate, rational dosing guidelines. This procedure helps to monitor utilization, promote high quality cost-effective care, enhances formulary compliance and appropriate prescribing. Eligibility for approval of requests exceeding formulary quantity limits is based upon medical necessity and clinical criteria. The clinical criteria are established by the UnitedHealthcare Community Plan Pharmacy and Therapeutics Committee.

Quantity limits will also be activated for efficient medication dosing to consolidate dispensing to the most efficient daily dose. The pharmacy claims processing system will prompt the pharmacist to request a new prescription order from the physician. At that time, the pharmacist at the point of service will need to contact the physician and obtain a new prescription combining the dose or request that the physician contact the Plan and request a Medical Exception.

Examples of quantity limits:

(1) Amlodipine 10mg daily can be achieved with two 5mg tabs or one 10mg tab. The more cost effective option is one 10mg tab. Therefore, a quantity limit of 30 tabs / month is applied to the 5mg tablets.
(2) Strattera is indicated for once or twice daily dosing. The more effective regimen is once daily. Therefore, a quantity limit of 30 caps / month is applied to Strattera. If Strattera once daily is ineffective or not tolerated, the Plan can be contacted for a Medical Exception.

Certain medications that are subject to high utilization will have a four prescription limit per month to prevent misuse/abuse. This affects the following classes of medication: controlled substances, migraine therapy, benzodiazepines, and muscle relaxants. Edits at the point sale will affect all agents at the GPI 65 level.

**2. Coverage Criteria:**

A. A request for a quantity of medication that exceeds the covered benefit will be approved based on **all** of the following criteria:

1. The requested drug must be used for an FDA-approved indication

**-OR-**

2. The use of this drug is supported by information from the appropriate compendia*.

**-AND-**

3. Both of the following:

   a. The drug is being prescribed within the manufacturer's published dosing guidelines or falls within dosing guidelines found in the compendia of current literature*.

**—AND-**

   b. The requested dosage cannot be achieved using the plan accepted quantity limit of a different dose or formulation.

**-AND-**

4. The drug is being prescribed for a medically accepted indication that is recognized as a covered benefit by the applicable health plans' program.

**Authorization will be issued for 12 months.**

*Compendia: • American Hospital Formulary Service Drug Information • National Comprehensive Cancer Network Drugs and Biologics Compendium • Thomson Micromedex DrugDex • Clinical Pharmacology

**B. A request for a quantity of medication that exceeds the covered benefit for the treatment of gender dysphoria will be approved based on <u>all</u> of the following criteria:**

1. The use of this drug is supported by information from the appropriate compendia*.

**-AND-**

2. The drug is being prescribed for an indication that is recognized as a covered benefit by the applicable health plans' program.

**Authorization will be issued for 12 months.**

**If the above criteria are not met, then refer for clinical review by an appropriate trained professional (physician or pharmacist) based on the applicable regulatory requirement.**

*Compendia: • American Hospital Formulary Service Drug Information • National Comprehensive Cancer Network Drugs and Biologics Compendium • Thomson Micromedex DrugDex • Clinical Pharmacology

**C. For requests exceeding the monthly controlled substances prescription limit:**

1. Medical necessity rationale provided for why the member requires 5 or more fills of the same drug or drug class within a month.

**Authorization will be issued for 1 month (If deemed medically necessary, longer authorization duration is permitted).**

**D. For topical products exceeding the allowable package size per fill OR the allowable quantity per month:**

1. The physician attests that a larger quantity is needed for treatment of a larger surface area

**Authorization will be issued for 12 months.**

| Program | Program type – Prior Authorization |
|---|---|
| **Change Control** | |
| Date | Change |
| 6/2009 | Combined previously approved quantity limits for AmeriChoice of Pennsylvania and Unison MedPlus. Additional quantity limits added for Risperdal Consta, Suprax 400mg tablets, Toradol, Lamisil, Ovide, Diflucan, and modification of Zithromax quantity limits. Policy reformatted. |
| 3/2010 | Removed 90/180 days supply in 365 days treatment duration quantity limit for nicotine replacement products (Nicoderm CQ, Nicorette Gum, Nicotrol Inhaler, and Nicotrol Nasal Spray). Monthly quantity limits remain. |
| 3/2010 | Added quantity limit of 1 injection/month for Invega Sustenna |
| 6/2010 | Changed Zofran 4,8 mg tabs and ODT quantity limit to 30 tablets per fill and 90 tablets per month |
| 12/2010 | Increased Aricept 10 mg tab from 30 tablets/month to 60 tablets/month.<br>Added Adrenaclick and Twinject quantity limit of 2 syringes/month. |
| 6/2011 | Annual Review |
| 12/2011 | Added Vyvanse, Onfi, Uroxatral, Flomax to quantity limit list. |
| 12/2012 | Removed quantity limit table and embedded the quantity limit database. |
| 4/2016 | Updated the quantity limit database. |
| 2/2017 | Added gender dysphoria section. Added section for requests exceeding the monthly controlled substances prescription limit. Updated policy template. Revised background section. Added topical products quantity limit section. |