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Pharmacy Policy

Age & Quantity Limitation Program Policy

Policy Number: 9.050

Revision Number: R0

Version Effective Date: 1/1/2021

Product Applicability	
Well Sense Health Plan <input checked="" type="checkbox"/> New Hampshire Medicaid <input type="checkbox"/> _____	Boston Medical Center HealthNet Plan <input type="checkbox"/> MassHealth - MCO <input type="checkbox"/> MassHealth - ACO <input type="checkbox"/> Qualified Health Plans/ConnectorCare/Employer Choice Direct <input type="checkbox"/> Senior Care Options <input type="checkbox"/> _____

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	<p>The Plan will not approve coverage for additional quantities of medications restricted under the Quantity Limitation Program in the following instances:</p> <ol style="list-style-type: none"> When below criteria are not met; AND Use not approved by the FDA; AND When the quantity exceeds units allowed per Federal and State regulations.
Required Medical Information	<p><u>For Requests that Exceed allowed Quantity Limit and/or Duration:</u></p> <p>Documentation of the following:</p> <ol style="list-style-type: none"> A daily dose or longer duration of therapy of the requested medication

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	<p>is clinically necessary and cannot be achieved with commercially available dosage strengths and forms; or need for a drug strength, amount or duration greater than what is recommended by the FDA or covered by the Plan AND</p> <ol style="list-style-type: none"> a. Member is tolerating 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 b. 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 c. 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 <p>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).</p> <p><u>For Requests Outside of Age Limit:</u></p> <p>Documentation of the following:</p> <ol style="list-style-type: none"> 1. 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
Other criteria	Reauthorization Criteria : <ol style="list-style-type: none"> 1. Medication compliance is required for those members who have been granted a quantity exception. Members with a medication history profile demonstrating non-compliance or non-adherence to the medication will be denied further authorization of quantity limit overrides.

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, NH DHHS

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Policy Revisions History

Review Date	Summary of Revisions	Revision Effective Date	Approved by
12/1/2020	Discontinued Policy 9.015. Created new Age & QL Policy.	01/01/2021	Pharmacy & Therapeutics (P&T) Committee, NH DHHS

Next Review Date

2021

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.

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