

Policy Name:	Additional Quantities Requests	Policy #:	548P
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Purpose of the Policy

To outline the review process for requests to increase the Managed Dose Limit (MDL) of certain drugs.

Statement of the Policy

Health Alliance members requesting additional quantities of medications (greater than the amounts that are normally covered per policy or standard of care) will have their cases reviewed with the following criteria.

Procedures

1. Requests for Managed Dose Limit Exceptions

- 1.1 The pharmacist/medical director will make a determination based on clinical documentation received.
- 1.2 Documentation should include medical rationale for needing additional quantity above the established quantity limit, including supporting statement that the number of doses available under a restriction (or quantity limit) for the requested drug has been ineffective or is likely to be ineffective or adversely affect the drug's effectiveness or patient compliance.

2. Managed Dose Limit on Test Strips

- 2.1 Blood glucose test strips have a Managed Dose Limit (MDL) of 150 strips per 30 days.
- 2.2 Requests for more than 150 test strips per 30 days require an exception request
 - Members using an insulin pump are eligible for testing up to 10 times daily
 - Other requests require claims history or blood glucose testing log consistent with requested testing frequency

3. Managed Dose Limit on Dermatological Products

- 3.1 Most dermatological products have a Managed Dose Limit (MDL) in place allowing only the smallest package size of each product to process
- 3.2 Requests for larger package sizes will require at least two previous paid claims for the product in the smallest package size within the previous month.

4. Approval Period

- 4.1 Managed dose limit exceptions may be granted for a period of 12 months if approved

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DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.