AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Quantity Level Limit Guideline	Page:	1 of 2
Effective Date:	6/1/2019	Last Review Date:	02/2019

Applies to:	☐California	☐Florida	☐Kentucky
	☒Louisiana	☐Maryland	☐Michigan
	☐Pennsylvania	☐Virginia	☐Texas

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Quantity Level Limit requests under the member's prescription drug benefit.

Description:

Requests for Quantity Level Limits that do not have specific Prior Authorization Guidelines.

Policy/Guideline:

Prescription requests that exceed established Quantity Level Limits will require prior authorization.

Drugs that are subject to additional utilization management requirements (for example, non-formulary, clinical prior authorization, and step therapy) must meet the clinical criteria and medical necessity for approval in addition to any established Quantity Level Limits.

Approval of Quantity Level Limits exceptions will be considered after the medication specific prior authorization guidelines and medical necessity have been reviewed.

Authorization Criteria For Quantity Limit Exceptions:

- **Quantities that Exceed Food and Drug Administration (FDA) Maximum Dose:**
  - Member is tolerating the medication with no side effects, but had an inadequate response at lower dose, and the inadequate response is not due to medication non-adherence

- Request meets one of the following:
  - Requested dose is included in drug compendia or evidence-based clinical practice guidelines for the same indication
  - A published randomized, double blind, controlled trial, demonstrating safety and efficacy of requested dose is submitted with request

- **Quantities that do not Exceed Food and Drug Administration (FDA) Maximum Dose (Dose Optimization):**
  - Request meets one of the following:
    - There was an inadequate response or intolerable side effect to optimized dose
    - There is a manufacturer shortage on the higher strengths
    - Member is unable to swallow tablet/capsule due to size, and cannot be crushed
    - Effect of medication is wearing off between doses
    - Member cannot tolerate entire dose in one administration

- **Quantities for Medications that do not have Established Food and Drug Administration (FDA) Maximum Dose:**
  - Member is tolerating the medication with no side effects, but had an inadequate response at lower dose, and the inadequate response is not due to medication non-adherence
  - Requested dose is considered medically necessary

Approval Duration:

Prior Authorization Approval	Duration	Quantity Restrictions	Additional Requirements
Initial	One year		
Renewal	One year		

Box Warning:

N/A

REMS:

N/A

References:

N/A