

**Quantity Limit**  
**Effective 01/01/2024**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
<b>Exceptions</b>	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

**Overview**

N/A

**Coverage Guidelines**

Authorization of a medication for higher than the quantity limit may be approved when ALL of the following criteria has been met:

1. ONE of the following:
  - a. Quantity limit override requests must involve an FDA-approved indication.
  - b. Quantity limit override requests involving off-label indications must meet off-label guideline approval criteria.
2. ONE of the following:
  - a. For titration of loading-dose purposes (one time authorization).
  - b. Requested strength/dose is commercially unavailable.
  - c. Patient is on a dose alternating schedule.
  - d. For topical applications, patient requires a larger quantity to cover a larger surface area.
  - e. ONE of the following:
    - i. The maximum doses specified under the quantity restriction have been tried for an adequate period of time and been deemed ineffective in the treatment of the member's disease or medical condition.
    - ii. If lower doses have not been tried, there is clinical support (i.e., clinical literature, patient attributes, or characteristics of the drug) that the number of doses available under the quantity restriction will be ineffective in the treatment of the member's disease or medical condition.
  - f. ONE of the following:
    - i. Higher dose or quantity is supported in the dosage and administration section of the manufacturer's prescribing information.
    - ii. Higher dose or quantity is supported by one of the following compendia:
      1. American Hospital Formulary Service Drug Information

2. Micromedex DRUGDEX System
- iii. Higher dose or quantity is supported by clinical research in two articles from major peer reviewed medical journals that present data supporting the proposed higher than maximum doses for the diagnosis provided as generally safe and effective.

**Limitations**

1. Approvals will be granted for 12 months (except for titration of loading-dose purposes).

**References**

N/A

**Review History**

06/27/2016 – Reviewed

06/26/2017 – Reviewed

03/18/2020 - Reviewed.

01/10/2024 – Reviewed/updated for Jan P&T; adopted Optum criteria. Effective 01/01/2024.

