Mass General Brigham
Health Plan

Global Post Limit
Effective 01/01/2024

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☐ Prior Authorization ☒ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

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.