

Department:	Pharmacy	Original Approval:	10/25/2006
Policy #:	PM506	Last Approval:	03/13/2019
Title:	Quantity Limits		
Approved By:	Medical Management Leadership Team		
Dependencies:	None		

Purpose

This Community Health Plan of Washington (CHPW) policy describes how drugs are considered for quantity limits, the criteria used to make quantity limit override decisions and the steps necessary for a prescribing practitioner to request a quantity limit override for the Medicaid line of business.

Policy

CHPW's policy is to dispense a one-month supply of a formulary medication at a time. There will be instances when a diversion from this policy is necessary to meet the needs of a member and to ensure their safety. Examples of these instances include:

- Lost/stolen medications/vacation/out of network
- Dose changes
- School/camp dispensing (K-12)
- Natural disasters
- Quantity level limitations

Overrides for all of the above are obtained by providers or pharmacists contacting the Pharmacy Benefit Manager (PBM).

QUANTITY LIMITS

1. Quantity Limits include limits on both:
 - a. The quantity or amount of medication that can be dispensed per time period, such as 30, 60, or 90 days.
 - b. The number of days' supply of medication that may be dispensed to a patient at any one time.
2. Drugs are considered for Quantity Limits when any of the following criteria are met:
 - a. There is significant clinical concern about potential overuse of an agent.
 - b. There is potential for significant use that is deemed not to be cost effective.
 - c. There are scientifically supported maximum use guidelines, which if exceeded, have the potential to increase the risk of harm.

3. Quantity Limits are based upon information from authoritative sources considered in light of the characteristics of CHPW's member population and local practice conditions.
4. Quantities over the Quantity Limit will not be covered under prescription drug benefit. Members may purchase additional quantities, but this cost will not be reimbursed by CHPW.
5. If medically necessary, Quantity Limits can be overridden.
6. The treating practitioner or pharmacist can request an override of the Quantity Limit.

DECISION OVERRIDE CRITERIA

1. The following criteria are used to make override decisions:
 - a. Loss or Increased Need of Medications (Ample Supply)
 - i. Medications are lost. *Lost medications* are replaced once per year without the need for an explanation or justification.
 - ii. Dosage changes occur, creating the need for an increased quantity of medication.
 - iii. A child needs a second prescription for school dispensing (grades K-12).
 - iv. A natural disaster creating the need for a member to replace destroyed or lost medication. Example: flooding has driven the patient out of their home and their supply of medication was destroyed by the flood water.
 - b. Quantity Level Limitation (Quantity Level Limit)
 - i. The quantity for which a prescription is written is more than the safe, allowable limit as determined and maintained by the Pharmacy Department.
 - ii. The PBM will ask for documentation from the prescribing provider that supports the need for the increased quantity and determine if it meets the criteria provided by CHPW.
 - iii. CHPW will always cover the remaining cost of the medication, after the member's applicable co-pay(s) and up to the quantity limit, even if the member does not meet the criteria for the additional amount.
 - c. Other Situations
 - i. Additional circumstances not listed above, including but not limited to an emergency supply of medication needed when a delay in authorization would interrupt a drug therapy regimen or pose a threat to the member's health and safety, may require an override. These will be handled on a case-by-case basis by the PBM working in conjunction with the Pharmacy Department staff at CHPW.

DECISION OVERRIDE PROCESS

1. A Clinical Specialist, under supervision of a Clinical Pharmacist, reviews the request for suitable justification based on the written criteria provided by CHPW and either approves the override or requests additional information from the requesting provider.
2. The PBM makes all reasonable attempts to obtain information needed to make a timely determination by contacting the prescribing practitioner or designated staff to obtain needed information.
3. If the request is approved, the Clinical Specialist informs the requesting provider and a payment authorization is entered in the system.
4. If there is uncertainty whether the request meets the criteria for approval by the Clinical Specialist or Clinical Pharmacist, the information is evaluated by a physician.
 - a. If the physician approves the request, the process continues from the step above.
 - b. If the physician denies the request, the provider is informed verbally during the call and the provider and the member are informed in writing of the reason for the denial of coverage and also of the process for filing an appeal with CHPW.

TIMEFRAMES

All authorization determinations for prescriptions or over-the-counter drugs must be made no later than the following business day after receipt of the request for service unless additional information is required. Any additional information needed must be requested within one business day of the initial request for authorization, Providers have 3 business days to respond to the request. The final determinations must be made no later than one business day after receipt of the additional information.

List of Appendices

None

Citations & References

CFR	
WAC	
RCW	
Contract Citation	<input checked="" type="checkbox"/> WAH
	<input checked="" type="checkbox"/> IMC
	<input type="checkbox"/> MA
Other Requirements	
NCQA Elements	

Revision History

Revision Date	Revision Description	Revision Made By
10/25/2006	Original	Rachel Koh

09/12/2007	Minor Formatting Changes	Rachel Koh
04/25/2008	Remove reference to PEBB and PEBB-specific activities Added contract citation	Rachel Koh
01/08/2009	Review for style and formatting	Sunny Otake
06/25/2009	Content Update	Eric Guyette
06/08/2010	Approval	MMLT
05/26/2011	Updated Citations Table	Eric Guyette
06/08/2011	Approval	MMLT
03/27/2012	Content Update	Eric Guyette
04/04/2012	Approval	MMLT
06/19/2012	Removed reference to vacation overrides	Eric Guyette
06/22/2012	Approval	MMLT
03/28/2013	Content update. Updated Citations Table	Reid Yamamoto
04/19/2013	Approval	MMLT
04/16/2014	Review. No Changes	Steven Zona
04/23/2014	Approval	MMLT
03/26/2015	Updated Timeframe. Updated Citation Table	Nonye Connor
04/07/2015	Approval	MMLT
07/07/2015	Added Health Benefit Exchange LOB	Mary Eckhart
07/22/2015	Approval	MMLT
03/04/2016	Updated citations table. Minor text edits.	Mary Eckhart
03/18/2016	Approval	MMLT
03/01/2017	Moved to new template. Minor edits.	Mary Eckhart
03/14/2017	Approval	MMLT
03/02/2018	Moved to new template. Removed Exchange LOB.	Mary Eckhart
03/13/2018	Approval	MMLT
03/12/2019	Reviewed, no changes	Erin Riddle
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