



MASSACHUSETTS

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Pharmacy Medical Policy Quality Care Dosing (QCD) Guidelines

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Policy Number: 621

BCBSA Reference Number: None

Related Policies

- Policy [727](#)- Quality Care Dosing (QCD) Guidelines Drug List

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Note: All requests for outpatient retail pharmacy for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Clinical Pharmacy Operations by completing the Prior Authorization Form on the last page of this document. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally. Physicians may also submit requests for retail pharmacy exceptions via the web using Express PAtH which can be found on the BCBSMA provider website or directly on the web at <https://provider.express-path.com>. Patients must have pharmacy benefits under their subscriber certificates.

BCBSMA maintains a list of drug and dosing recommendations, shown in the following table. These dosing protocols fall into two categories (combined in the list of protocols):

1. **Dosing consolidation.** This list of drugs and drug doses provides an opportunity for patients to enjoy greater convenience and simplification of dosing, while continuing to obtain the physician's recommended daily dose. In addition to convenience, these consolidation guidelines improve patient compliance with drug therapy. This is the case when a single tablet contains the same total medication contained in 2 separate doses of the drug, and when this drug may be taken once daily to provide the same medical benefit.
2. **Dosing quantity recommendations.** The FDA, drug manufacturer, and certain medical specialty groups provide guidelines or recommendations for maximum daily, weekly, or monthly medication doses. The limits in the table below are taken from guidelines and recommendations for dosing quantity established through clinical research conducted by these groups.

[Click here for the Quality Care Dosing \(QCD\) Guidelines Drug List](#)

Additionally, if a new drug is being evaluated by BCBSMA and belongs to a therapeutic class that BCBSMA manages through prior authorization, formulary or Quality Care Dosing, the established current therapeutic class criteria will be applied to the request.

Individual Consideration

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual's unique clinical circumstances may be

considered in light of current scientific literature. Physicians may send relevant clinical information for individual patients for consideration to:

Blue Cross Blue Shield of Massachusetts
 Pharmacy Operations Department
 25 Technology Place
 Hingham, MA 02043
 Tel: 1-800-366-7778
 Fax: 1-800-583-6289

Managed Care Authorization Instructions

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization. Pharmacy Operations: (800) 366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients.
- Physicians may also submit requests for retail pharmacy exceptions via the web using Express PATH which can be found on the BCBSMA provider portal under “Technology Tools” or directly on the web at <https://provider.express-path.com>.

PPO and Indemnity Authorization Instructions

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization. Pharmacy Operations: (800)366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients.
- Physicians may also submit requests for retail pharmacy exceptions via the web using Express Path which can be found on the BCBSMA provider portal under “Technology Tools” or directly on the web at <https://provider.express-path.com>.

Policy History

Date	Action
6/2017	Updated address for Pharmacy Operations.
3/2015	Updated to include: Humulin R 500, Striverdi® Respimat® & Fluoxetine 60mg
1/2015	Updated to include: Vivitrol & Insulin
10/2014	Updated to include: Bunavail, Grastek, Hetlioz, Hydromorphone ER, Oralair, Otezla, and Ragwitek
8/2014	Updated to include: Azelsatine nasal spray, Budesonide nasal spray, Eszopiclone, Evzio™, Xartemis™, Zohydro™
3/2014	Updated to include QCD limits for epinephrine injection, lidocaine patch, Granix, Omontys® 20mg/2ml, Spiriva® HandiHaler, Sporonox®, and Zetonna®. Added Specialty Pharmacy designations, Special Pharmacy Only designations, and designation key
8/2013	Updated to include QCD limits for Alendronate solution, Desvenlafaxine ER, Dihydroergotamine, Fluvoxamine ER, Liptruzet, and Zolmitriptan
1/2013	Updated to include QCD limits for Forfivo™ XL, Lidoderm®, Pioglitazone, Pioglitazone-Metformin, Quinine sulfate, Minivelle™, Onmel™, Rizatriptan and Suboxone® ^{PA} 4 and 12 mg film
9/2012	Updated to include Binosto™, Olanzapine-Fluoxetine, Omontys® and Tudorza™ Pressair™.
7/2012	Updated to include Buprenorphine ^{PA} and Suboxone® ^{PA} .
6/2012	Updated to include Dymista™, Fluvastatin, Ibandronate, Intermezzo®, Qnasl™ and Subsys™.
4/2012	Updated to include QCD limits Escitalopram and Lazanda®.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.

References

General Information

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- Asscher AW et al: Towards the safer use of medicines. *British Medical Journal* 1995; 311: 1003-1005.

Dosing Consolidation

- Pelham WE et al: Once-a-day concerta methylphenidate versus three-times-daily methylphenidate in laboratory and natural settings. *Pediatrics*. 2001 Jun;107(6):E105.
- Pelham WE et al: A comparison of morning-only and morning/late afternoon Adderall to morning-only, twice-daily, and three times-daily methylphenidate in children with attention-deficit/hyperactivity disorder. *Pediatrics*. 1999 Dec;104(6):1300-11.
- Epstein M and Bakris G: Newer approaches to antihypertensive therapy. Use of fixed-dose combination therapy. *Arch Intern Med*. 1996 Sep 23;156(17):1969-78. Review.
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- Clinically relevant pharmacology of selective serotonin reuptake inhibitors. *Clin. Pharmacokinet*. 1997; 32(Suppl 1): 1-21.

To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below:

http://www.bluecrossma.com/common/en_US/medical_policies/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf