Pharmacy Medical Policy
Quality Care Dosing (QCD) Guidelines

Table of Contents
- Policy: Commercial
- Policy: Medicare
- Policy History
- Information Pertaining to All Policies
- References
- Forms

Policy Number: 621A
BCBSA Reference Number: None

Related Policies
Quality Care Dosing (QCD) Guidelines Drug List, #621B

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. 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 #621B

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.

Note: Drugs classified as being part of the Specialty Pharmacy benefit cannot be filled for more than a 30-day supply%%. Specialty Pharmacy Medication List.

%% Exceptions may exist for Drugs that are dosed at greater than a 30 day interval.
**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

**Prior Authorization Information**

**Outpatient**

For services described in this policy, see below for products where prior authorization **IS REQUIRED** if the procedure is performed **outpatient**.

<table>
<thead>
<tr>
<th>Commercial Managed Care (HMO and POS)</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior authorization is required.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commercial PPO</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior authorization is required.</td>
<td></td>
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</tbody>
</table>

**Policy History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/2021</td>
<td>Updated to clarify specialty medications are only available at a 30-day limit.</td>
</tr>
<tr>
<td>6/2020</td>
<td>Policy #727 Quality Care Dosing (QCD) Guidelines Drug List renumbered to policy #621B Quality Care Dosing (QCD) Guidelines Drug List.</td>
</tr>
<tr>
<td>6/2017</td>
<td>Updated address for Pharmacy Operations.</td>
</tr>
<tr>
<td>3/2015</td>
<td>Updated to include: Humulin R 500, Striverdi® Respimat® &amp; Fluoxetine 60mg</td>
</tr>
<tr>
<td>1/2015</td>
<td>Updated to include: Vivitrol &amp; Insulin</td>
</tr>
<tr>
<td>10/2014</td>
<td>Updated to include: Bunavail, Grastek, Hetlioz, Hydromorphone ER, Oralair, Otezla, and Ragwitek</td>
</tr>
<tr>
<td>8/2014</td>
<td>Updated to include: Azelsatine nasal spray, Budesonide nasal spray, Eszopiclone, Evzio™, Xartemis™, Zohydro™</td>
</tr>
<tr>
<td>3/2014</td>
<td>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</td>
</tr>
<tr>
<td>8/2013</td>
<td>Updated to include QCD limits for Alendronate solution, Desvenlafaxine ER, Dihydroergotamine, Fluvoxamine ER, Liptruzet, and Zolmitriptan</td>
</tr>
<tr>
<td>1/2013</td>
<td>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</td>
</tr>
<tr>
<td>9/2012</td>
<td>Updated to include Binosto™, Olanzapine-Flumoxetine, Omontys® and Tudorza™ Pressair™.</td>
</tr>
<tr>
<td>7/2012</td>
<td>Updated to include BuprenorphinePA and Suboxone®PA.</td>
</tr>
<tr>
<td>6/2012</td>
<td>Updated to include Dymista™, Fluvastatin, Ibandronate, Intermezzo® Qnasl™ and Subsys™.</td>
</tr>
<tr>
<td>4/2012</td>
<td>Updated to include QCD limits Escitalopram and Lazanda®.</td>
</tr>
<tr>
<td></td>
<td>No changes to policy statements.</td>
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</table>

**References**
General Information


Dosing Consolidation


Dosing Quantity Recommendations:


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