



MASSACHUSETTS

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Pharmacy Medical Policy Quality Care Dosing (QCD) Guidelines

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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.

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**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is required .
Commercial PPO	Prior authorization is required .

Policy History

Date	Action
6/2020	Policy #727 Quality Care Dosing (QCD) Guidelines Drug List renumbered to policy #621B Quality Care Dosing (QCD) Guidelines Drug List.
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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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.
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- Sramek JJ et al: Compliance in hypertension: daily v twice daily. *Am J Hypertens*. 1993 Dec;6(12):1063. No abstract available.

Dosing Quantity Recommendations:

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- National Asthma Education and Prevention Program, Clinical Practice Guidelines. Expert Panel Report 2: Guidelines for the Diagnosis and Management of Asthma. NIH Publication No. 97-4051, July 1997.
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- Gralla RJ et al. *Recommendations for the use of antiemetics*. *J Clin Oncology* 1999; 17(9): 2971-2994.
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- Kupfer DJ et al: Management of insomnia. *N Engl J Med*. 1997; 336: 341-346.
- 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.org/medical-policies/sites/g/files/csphws2091/files/acquiadam-assets/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf>