



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.

Prior Authorization Information

<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Step Therapy <input type="checkbox"/> Quality Care Dosing		Pharmacy Operations: Tel: 1-800-366-7778 Fax: 1-800-583-6289
		Policy last updated 7/1/2023
Pharmacy (Rx) or Medical (MED) benefit coverage	<input checked="" type="checkbox"/> Rx <input type="checkbox"/> MED	To request for coverage: Physicians may call, fax, or mail the attached form (Formulary Exception/Prior Authorization form) to the address below.
Policy applies to Commercial Members: <ul style="list-style-type: none"> • Managed Care (HMO and POS), • PPO and Indemnity • MEDEX with Rx plan • Managed Major Medical with Custom BCBSMA Formulary • Comprehensive Managed Major Medical with Custom BCBSMA Formulary • Managed Blue for Seniors with Custom BCBSMA Formulary 		Blue Cross Blue Shield of Massachusetts Pharmacy Operations Department 25 Technology Place Hingham, MA 02043 Individual Consideration: Policy for requests that do not meet clinical criteria of this policy, see section labeled Individual Consideration

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.

Note: If approved the Prior Authorization will be granted for up to two (2) years.

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

Policy History

Date	Action
7/2023	Reformatted Policy.
7/2021	Updated to clarify specialty medications are only available at a 30-day limit.
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

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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.org/medical-policies/sites/g/files/csphws2091/files/acquiadam-assets/023%20E%20Form%20medication%20prior%20auth%20instruction%20pm.pdf>