

## Clinical Policy: Quantity Limit Override

Reference Number: CP.PMN.59

Effective Date: 05.01.14

Last Review Date: 11.17

Line of Business: Medicaid

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

### Description

This policy establishes the criteria for overriding set quantity limits (QL).

### Policy/Criteria

Provider *must* submit documentation (which may include office chart notes and lab results) supporting that member has met all approval criteria

It is the policy of health plans affiliated with Centene Corporation<sup>®</sup> that QL edit exceptions are **medically necessary** when the following criteria are met:

#### I. Approval Criteria

##### A. Rare Conditions/Diseases (must meet all):

1. Diagnosis of a rare condition/disease for which FDA dosing guidelines indicate a higher quantity (dose or frequency) than the currently set QL.  
*Example: Proton pump inhibitors, which are commonly used for gastroesophageal reflux disease, have a QL of one dose per day; however, when there is a rare diagnosis such as Zollinger-Ellison syndrome, an override for two doses per day is allowed.*

**Approval duration: 12 months**

##### B. Continuity of Care (must meet all):

1. Member is currently on a regimen with a quantities above set limits;
2. State continuity of care programs apply to the requested drug and indication (e.g., seizures, heart failure, human immunodeficiency virus infection, and psychotic disorders [e.g., schizophrenia, bipolar disorder]);
3. Therapy will be titrated\* to the standard QL.

*\*If titration is not an option, refer to the dose-optimization policy, CP.PMN.13.*

**Approval duration: 3 months (one-time approval only)**

##### C. Pain Management (must meet 1 or 2):

1. Request is for cancer, sickle cell anemia, palliative care, or end of life care.  
**Approval duration: 12 months; or**
2. Member has signed a pain management treatment plan specific to his/her care with a single qualified prescriber, AND prescriber has provided his/her plan of action (which may include historical titration schedule to the current dose and/or titration schedule to decrease the dose to be within the set QL).\*

*\*If titration is not an option, refer to the dose-optimization policy, CP.PMN.13.*

**CLINICAL POLICY**  
**Quantity Limit Overrides**

**Approval duration: 3 months**

**D. Off-Label Use** (must meet all):

1. Requested use meets criteria outlined in the off-label use policy, CP.PMN.53;
2. Requested quantity is supported by practice guidelines or peer-reviewed literature (e.g., phase 3 study or equivalent published in a reputable peer reviewed medical journal or text) for the relevant off-label use and/or regimen (*prescriber must submit supporting evidence*).

**Initial approval duration: Duration of request or 3 months, whichever is less**

**Continued approval duration: 12 months**

**II. Appendices/General Information**

*Appendix A: Abbreviation Key*

FDA: Food and Drug Administration

QL: quantity limit

**III. References**

1. Dowell D, Haegerich TM, Chou R. CDC guideline for prescribing opioids for chronic pain – United States, 2016. MMWR Recomm Rep. 2016; 65(1): 1-49.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Converted to new template.	08.15	08.15
Updated template; Added disease states to which continuity of care programs are applicable; Added reference section.	05.16	08.16
Converted to new integrated template; Changed continuity of care and pain management reference for additional information to CP.PMN.13 dose-optimization policy instead of CP.PMN.53 off-label policy; Removed hyperlipidemia/hypercholesterolemia, hypertension, depression, Parkinson’s/dementia, glaucoma, hepatitis, and attention-deficit hyperactivity disorder (ADHD) from the list of continuity of care disease states.	10.16	11.16
Converted to new template. Updated verbiage.	08.07.17	11.17

**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health

## CLINICAL POLICY

### Quantity Limit Overrides

plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

**Note: For Medicaid members**, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

©2014 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed,

## CLINICAL POLICY

### Quantity Limit Overrides

displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene® and Centene Corporation® are registered trademarks exclusively owned by Centene Corporation.