

Policies Repository



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Policy Title Schedule II Quantity Level Limits

Policy Number FS.CLIN.18

Application of Pharmacy Policy is determined by benefits and contracts. Benefits may vary based on product line, group or contract. Some medications may be subject to precertification, age, gender or quantity edits. Individual member benefits must be verified.

This Pharmacy Policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this Policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Policy **Schedule II oral agents** that are subject to quantity level limits require prior authorization for quantities requested above the limit. Quantities exceeding the limit may create safety concerns or inappropriate utilization issues.

Medications subject to quantity level limits are reviewed by the Pharmacy and Therapeutics (P&T) Committee.

Schedule II oral agents that exceed quantity and/or frequency limits require prior authorization (ie, clinical pharmacy and/or Medical Director review).

Policy Description Refer to the manufacturers' prescribing guidelines for the specific agents.

Policy Guideline Inclusion Prior authorization is required for schedule II oral agents when quantity and/or frequency exceeds plan level limits based on the package labeling approved by the US Food and Drug Administration (FDA).

Specific drugs have quantity level limits to comply with manufacturer and FDA guidelines. Refer to the Applicable Drugs for a list of schedule II oral agents.

An **increased quantity of a schedule II oral agent** is approved when **all** of the following inclusion criteria are met:

- Documentation of appropriate diagnosis upon visit with a qualified specialist
- Evidence to support the medical necessity of the requested dose

Policy Guideline Exclusion An **increased quantity of a schedule II oral agent** is denied when **any** of the following exclusion criteria are present:

- The prescribing physician's specialty does not correspond to the diagnosis submitted
- Insufficient documentation exists to support the medical necessity of the drug

Policy List of Applicable Drugs

Agent Names	Number of Units per Month (unless another period of time is noted)
Actiq (fentanyl citrate)	120 units per month
Avinza® (morphine sulfate)	30 units per month
Codeine phosphate	180 units per month
Codeine sulfate	180 units per month
Combunox® (oxycodone HCL/ibuprofen)	28 tablets per 7 days
Demerol® (meperidine HCL)	180 units per month
Dilaudid® (hydromorphone HCL)	180 units per month
Duragesic® (fentanyl patches)	15 patches per month
Endocet®/Percocet®/Tylox®/Magnacet™ (oxycodone/acetaminophen)	180 units per month
Endodan®/Percodan® (aspirin/oxycodone)	180 units per month
Fentora (fentanyl citrate)	120 units per month
Kadian® (morphine sulfate)	60 units per month
Levorphanol tartrate	180 units per month
MSIR® (morphine sulfate)	180 units per month
MS Contin® (morphine sulfate)	90 units per month
Meperidine HCL/acetaminophen	180 units per month
Meperidine HCL/promethazine	180 units per month
Meperitab® (meperidine HCL)	180 units per month
Meprozone (meperidine HCL/promethazine HCL)	180 units per month
Morphine sulfate	180 units per month
Morphine sulfate SR	90 units per month
Opana (oxymorphone HCL)	180 units per month
Opana ER (oxymorphone HCL ER)	90 units per month
Oramorph SR® (morphine sulfate SR)	90 units per month
Oxy IR® / Roxicodone (oxycodone HCL)	180 units per month
Oxycontin® (oxycodone HCL ER)	90 units per month

Dosing and Administration

Refer to the specific manufacturer's prescribing information for administration and dosage details, contraindications, and Black Box warnings.

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Policy Link to Related Policies

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