Pharmacy Policy Bulletin

Title: Drugs Exceeding Claim Dollar Limit Threshold

Policy #: Rx.01.221

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, quantity, or formulary restrictions (ie limits on non-preferred drugs). 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. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. 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.

Intent:

The intent of this policy is to communicate the medical necessity criteria for claims exceeding $10,000 as provided under the member's prescription benefit.

Description:

Commercial payers, including managed care organizations and self-funded groups, must ensure appropriate use of drugs in healthcare setting. One way to accomplish this goal is to review claims that exceed a defined threshold.

Prescription claims with a total cost exceeding $10,000 per claim reject for preliminary review at the point-of-sale with message “claim dollar amount exceeded", requiring the dispensing pharmacist to contact FutureScripts®, a pharmacy benefit manager. This will apply to any claim that exceeds $10,000, allowing them to be reviewed for clinical appropriateness prior to dispensing. For drugs not meeting approval criteria per Off-Label Use policy, the use for which the drug was prescribed would be deemed experimental/investigational.

Policy:

Claims that exceed $10,000 are approved when the use, including indication, dose, quantity, and duration, for the requested drug is approved by the FDA or considered medically accepted per Off-Label Use policy.

Override duration: 2 years, or for the duration of applicable medical necessity approval (for submitted cost plus $3000)

Black Box Warning as shown in the drug Prescribing Information:

N/A

Guidelines:

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

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the prescription drug benefits of the Company’s products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References:

Academy of Managed Care Pharmacy® (AMCP). Where We Stand - Fraud, Waste and Abuse in Prescription Drug Benefits. Revised April 2015. Available at: https://www.amcp.org/policy-advocacy/policy-advocacy-focus-areas/where-we-stand-position-statements/fraud-waste-and-abuse-prescription-drug-benefits. Accessed July 21, 2021..

Applicable Drugs:

Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Drug claims where total drug cost exceeds $10,000

Cross References:

Off Label Use Policy Rx.01.33
Compounded Products Rx.01.134
Quantity Level Limits for Pharmaceuticals Covered Under the Prescription Drug Benefit Rx.01.76

Policy Version Number:	3.00
P&T Approval Date:	June 10, 2021
Policy Effective Date:	October 01, 2021
Next Required Review Date:	June 10, 2022