

Utilization Management Policy Name: High Dollar Verification – NC Standard

Restricted Products:

- Traditional medications over \$10,000 per claim excluding the following classes of medications: HIV, anti-infectives, insulin, anticonvulsants, fertility regulators, long-acting injectable antipsychotics, specialty products and any medication already subject to Prior Authorization requirements.

Criteria for Approval:

1. The patient has an FDA-approved or compendia supported indication for the requested agent; **AND**
2. The prescribed dose cannot be achieved using a lesser quantity of a higher strength; **AND**
3. ONE of the following:
 - a. The quantity (dose) requested does not exceed the maximum FDA labeled dose, when specified, or to the safest studied dose per the manufacturer's product insert; **OR**
 - b. If the quantity (dose) requested exceeds the maximum FDA labeled dose, when specified, or to the safest studied dose per the manufacturer's product insert, then the prescriber must submit documentation in support of therapy with a higher dose for the intended diagnosis (submitted documentation may include medical records OR fax form which reflects medical record documentation that shows the length of time the requested dose has been used, and what other medications and doses have been tried and failed); **AND**
4. For formularies that exclude (non-formulary) the requested medication, Non-formulary Exception Criteria applies.

Duration of Approval: 365 days (1 year)

References: all information referenced is from FDA package insert unless otherwise noted below.

Policy Implementation/Update Information: Criteria and treatment protocols are reviewed annually by the Blue Cross NC P&T Committee, regardless of change. This policy is reviewed in Q4 annually.

August 2023: Criteria update: Restriction does not apply to fertility regulators or long-acting injectable antipsychotics.

May 2022: Original utilization management policy issued.