

<b>Title:</b>	<b>Benefit Utilization Review</b>	<b>SECTION: 4.04a</b>
<b>Program:</b>	<b>Dose Optimization</b>	

**DESCRIPTION**

The purpose of this document is to provide approval criteria and guidelines for prior authorization of benefits for the Dose Optimization Program. Dose Optimization is a program that targets claims for medications that are intended to be dosed once daily. Dose Optimization identifies claims where multiple capsules or tablets per day are being used and encourages a single daily dose. Claims submitted with the quantity exceeding the set limit without obtaining prior authorization of benefits will reject on the pharmacy claim system.

A list of medications included in the Dose Optimization Program appears on the following page. Some Dose Optimization medications are subject to more than one program. When reviewing these requests, please take note of overlapping programs to ensure appropriate and complete overrides are entered.

**OVERRIDE(S)**

Prior Authorization of Benefits

**APPROVAL DURATION**

Approval Duration if dose is being titrated with a twice daily (BID) dose: 3 months

Approval Duration for all other approval criteria: Lifetime

**APPROVAL CRITERIA**

Requests for multiple doses of lower-strength medications may be approved if one of the following criteria is met:

- I. Patient is intolerant to the recommended drug regimen due to adverse side effects **OR**
- II. Patient is unable to comprehend the recommended drug regimen **OR**
- III. Patient did not achieve desired results with the recommended drug regimen **OR**
- IV. Patient can not use the recommended dosage forms. For example: unable to swallow **OR**
- V. Patient's dose is not commercially available as a once daily dose (QD) **OR**
- VI. Patient's dose is being titrated with a twice daily (BID) dose

Requests will be approved up to the recommended maximum daily dosing limit that is supported by the FDA for the approved indication, and as approved by the WellPoint National Pharmacy and Therapeutics Committee. Requests for quantities greater than the maximum daily dose will be reviewed for medical necessity.

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If deemed an emergency situation and the prescriber is NOT available, WellPoint Pharmacy Management Prior Authorization of Benefits Center can authorize an override for 72 hours or until the next full business day following a holiday weekend upon request from the dispensing pharmacist.

Medication	Strength	Daily Dosage	Recommended Max Daily Dose
<b>Angiotensin Receptor Blockers (ARBs):</b>			
Atacand	4mg, 8mg, 16mg, 32mg	2-32mg/day, usual dose 16mg/day	32mg
Atacand HCT	16mg/12.5mg, 32mg/12.5mg	2-32mg/day, usual dose 16mg/day	32mg
Avalide	150mg/12.5mg, 300mg/12.5mg, 300mg/25mg	150-300mg/day	300mg
Avapro	75mg, 150mg, 300mg	150-300mg/day	300mg
Benicar	5mg, 20mg, 40mg	20-40mg/day	40mg
Benicar HCT	20mg/12.5mg, 40mg/12.5mg, 40mg/25mg	20-40mg/day	40mg
Cozaar	25mg, 50mg, 100mg	25-100mg/day	100mg
Diovan	40mg, 80mg, 160mg, 320mg	80-320mg/day	320mg
Diovan HCT	80mg/12.5mg, 160mg/12.5mg, 160mg/25mg	80-320mg/day	320mg
Hyzaar	50mg/12.5mg, 100mg/25mg	25-100mg/day	100mg
Micardis	20mg, 40mg, 80mg	20-80mg/day	80mg
Micardis HCT	40mg/12.5mg, 80mg/12.5mg, 80mg/25mg	20-80mg/day	80mg
Teveten	400mg, 600mg	400-800mg/day	800mg
Teveten HCT	600mg/12.5mg, 600mg/25mg	400-800mg/day	800mg
<b>Selective Serotonin Receptor Inhibitors (SSRIs):</b>			
Lexapro	5mg, 10mg, 20mg, 5mg/5ml	10-20mg/day	20mg
Paxil CR	12.5mg, 25mg, 37.5mg	25-62.5mg/day	75mg
Pexeva	10mg, 20mg, 30mg, 40mg	10-80mg/day	80mg
<b>Depression: Other Agents</b>			
Effexor XR	37.5mg, 75mg	225mg/day	225mg
Cymbalta	30mg	40-60mg/day	60mg
<b>Combination Agents</b>			
Caduet	5mg/10mg, 10mg/10mg, 10mg/20mg	10mg/80mg/day	10/80mg/day