Program: Dose Optimization Program

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(s).

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.

Applicable lines of business

RIteCare and Managed Pharmacy

Impacted Formulary Medications

Dose Optimization List of Drugs

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 Pharmacy and Therapeutics Committee. Requests for quantities greater than the maximum daily dose will be reviewed for medical necessity.

Look Back Criteria in Claims System

Not applicable