

MSQ3.1 – QLL Utilization Management Criteria

A couple of quantity level limits utilization management criteria examples are provided below. These criteria demonstrate either clinically sound rationale for management of quantity (as displayed by the Proton Pump Inhibitor criteria) where patient safety may be impacted or criteria that help to manage cost through waste, stockpiling, or overuse (as demonstrated by the continuous blood glucose monitor (CGM) criteria).

PROTON PUMP INHIBITORS EXAMPLE #1

TARGETED PRODUCTS
DRUG NAME
DEXILANT (DEXLANSOPRAZOLE)
NEXIUM (ESOMEPRAZOLE)
PREVACID (LANSOPRAZOLE)
PRILOSEC (OMEPRAZOLE)
PROTONIX (PANTOPRAZOLE)
ACIPHEX (RABEPRAZOLE)
KONVOMEF, ZEGERID (OMEPRAZOLE/SODIUM BICARBONATE)

APPROVAL DURATION

- Approvals will be granted for up to 1 year (4 additional weeks per request for unhealed ulcers)

APPROVAL CRITERIA

Prior authorization for the prescribed drug will be granted when the following approval criteria has been met:

Note: PA is not required for proton pump inhibitor therapy that does not exceed 90 days in 180 days.

Proton Pump Inhibitors – For therapy that exceeds 90 days in 180 days

Initial Authorization

- Must meet one of the following:
 - Diagnosis of Barrett's esophagus, abnormality of secretion of gastrin, Zollinger-Ellison syndrome, or any disease leading to hypersecretion
 - Diagnosis of duodenal/gastric/peptic ulcer that has not healed (additional 4-week approval)
 - Member is on continuous drug therapy requiring gastroprotection (e.g. anticoagulants, corticosteroids, antiplatelet agents, NSAIDs, etc.)
 - Both of the following:

- Diagnosis of erosive esophagitis or Gastroesophageal reflux disease (GERD)
- One of the following:
 - Previous trial and failure of intermittent PPI therapy (member has trialed discontinuation of PPI therapy)
 - Previous trial and failure of H2 antagonist therapy
 - Previous trial and failure antacid therapy

Reauthorization

- Must meet one of the following:
 - Diagnosis of Barrett's esophagus, abnormality of secretion of gastrin, Zollinger-Ellison syndrome, or any disease leading to hypersecretion
 - Diagnosis of duodenal/gastric/peptic ulcer that has not healed (additional 4-week approval)
 - Member is on continuous drug therapy requiring gastroprotection (e.g. anticoagulants, corticosteroids, antiplatelet agents, NSAIDs, etc.)
 - Both of the following:
 - Diagnosis of erosive esophagitis or Gastroesophageal reflux disease (GERD)
 - Previous trial and failure of intermittent PPI therapy (member has trialed discontinuation of PPI therapy within the previous approval timeframe)

DISPOSABLE INSULIN DELIVERY DEVICES PA WITH QL EXAMPLE #2

Devices
CEQUR SIMPLICITY
OMNIPOD CLASSIC
OMNIPOD DASH
OMNIPOD GO
OMNIPOD 5
V-GO 20 KIT
V-GO 30 KIT
V-GO 40 KIT

APPROVAL DURATION

- Approval will be granted up to 1 year

APPROVAL CRITERIA

Prior authorization for the prescribed drug will be granted when the following approval criteria has been met:

Type I or Type II diabetes mellitus requiring insulin treatment and both of the following:

- Daily dosing requirements less than the disposable insulin delivery device's capacity and at least one of the following:
 - Difficulty in maintaining stable blood glucose levels (hyperglycemia or hypoglycemia) despite intensive insulin therapy and blood glucose monitoring (3 or more injections and blood glucose readings per day)
 - Members under the age of 18 years requiring intensive insulin therapy and blood glucose monitoring (3 or more injections and blood glucose readings per day)
 - Physical impairments resulting in difficulty with self-injection of insulin
 - Pregnancy
 - Other valid medical justification for use of a disposable insulin delivery device
- Discontinuation of use of long-acting insulins/insulin analogs (with exception of CeQur Simplicity)

Quantity Limits

NDC	Product	Quantity Limit
73108-0000-01	CEQUR SIMPLICITY PATCHES	10 PATCHES/25 DAYS
73108-0001-00	CEQUR SIMPLICITY INSERTER	1 INSERTER/YEAR
08508-1140-02	OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	1 KIT/YEAR
08508-1120-05	OMNIPOD CLASSIC PODS (GEN 3)	10 PODS/25 DAYS
08508-2000-00	OMNIPOD DASH PDM KIT (GEN 4)	1 KIT/YEAR
08508-2000-32	OMNIPOD DASH INTRO KIT (GEN 4)	1 KIT/YEAR
08508-2000-05	OMNIPOD DASH PODS (GEN 4)	10 PODS/25 DAYS
08508-4000-10	OMNIPOD GO 10 UNITS/DAY	10 PODS/25 DAYS
08508-4000-15	OMNIPOD GO 15 UNITS/DAY	10 PODS/25 DAYS
08508-4000-20	OMNIPOD GO 20 UNITS/DAY	10 PODS/25 DAYS
08508-4000-25	OMNIPOD GO 25 UNITS/DAY	10 PODS/25 DAYS
08508-4000-30	OMNIPOD GO 30 UNITS/DAY	10 PODS/25 DAYS
08508-4000-35	OMNIPOD GO 35 UNITS/DAY	10 PODS/25 DAYS
08508-4000-40	OMNIPOD GO 40 UNITS/DAY	10 PODS/25 DAYS
08508-3000-01	OMNIPOD 5 G6 INTRO KIT (GEN 5)	1 KIT/YEAR
08508-3000-21	OMNIPOD 5 G6 PODS (GEN 5)	10 PODS/25 DAYS
08508-3000-50	OMNIPOD 5 G7 INTRO KIT (GEN 5)	1 KIT/YEAR
08508-3000-53	OMNIPOD 5 G7 PODS (GEN 5)	10 PODS/25 DAYS
08560-9400-03	V-GO 20 KIT	30 PODS/25 DAYS
08560-9400-02	V-GO 30 KIT	30 PODS/25 DAYS
08560-9400-01	V-GO 40 KIT	30 PODS/25 DAYS