



**Immunomodulator Quantity Limit
Effective March 01, 2018**

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input type="checkbox"/> Prior Authorization <input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

N/A

Coverage Guidelines

Requests for more frequent or higher doses of injectable biologics may be approved if ALL the following is provided:

1. Member meets drug and diagnosis specific prior authorization criteria **AND**
2. Prescriber has provided documentation of:
 - a. Disease severity
 - b. ONE of the following:
 - i. Inadequate response or adverse reaction to ONE other injectable biologics which are FDA-approved for the requested indication
 - ii. Contraindication to ALL other injectable biologics which are FDA-approved for the requested indication
 - c. Documented partial response to FDA-approved dosing of current biologic therapy
 - d. Documentation of specialist consult for the requested indication

Continuation of Therapy

Reauthorization will require documentation of a positive response to therapy.

Limitations

1. Approvals will be granted for 3 months.

References



N/A

Review History

03/01/18 – Adopted MH RS

02/01/19 – Reviewed

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