

Providing safe, appropriately used and the most cost-effective medications are key factors behind a managed dispensing quantity program. Many medications are used in excess of what is considered clinically safe, which may ultimately lead to increased healthcare costs. By managing the amount of certain medications a beneficiary can receive, based upon current standard-of-practice, access to these medications, while at the same time controlling overuse and waste.

What is a Managed Drug/Dispensing Limitation Program?

A Managed Drug/Dispensing Limitations (MDL) program is a mechanism to manage drug utilization and promote safe and clinically appropriate drug use within a specific therapeutic class of medications. MDLs ensure that beneficiaries receive their medications in an amount that is approved by the Plan for a specific length of time. MDLs help to prevent overuse and/or “stockpiling” of medications. Under an MDL program, there is a limit on the amount and/or the day supply of selected medication(s) that may be obtained at the time of dispensing. MDL programs are used to manage drug costs on specific medications without eliminating coverage.

There are two general groupings of medications in a MDL program:

Group I: Consists of medication categories that have stand-alone limitations, meaning that once the Maximum Drug Limit (MDL) is reached the beneficiary is responsible for the entire cost for any future amounts of the medication. Within this group there is **no** ability for Prior Authorization review.

Group II: Consists of medication categories with a Post-MDL Prior Authorization process. With Group II medications, once a beneficiary reaches the MDL for a given time period, the beneficiary is responsible for the entire cost of the medication; however, exceptions may be made if a beneficiary qualifies for a clinical exception to the limits based on approval criteria. Physicians can request post-limit Prior Approval if he/she feels continuation of therapy is warranted.

Notes: Covered Medications will have different MDL quantities based upon point of service: Retail (per 25 days) and Mail (per 75 days). Also, generic substitutions will be made if a generic alternative is available.

How does this impact the beneficiary?

If a beneficiary submits a prescription for a quantity above the maximum threshold, the prescription will reject stating “Excessive Quantity”. The pharmacist should discuss the quantity covered by the Plan. Additionally, if a beneficiary attempts to refill a medication too soon, the dispensing pharmacist will be alerted of a possible overuse/abuse situation.

If a beneficiary exceeds the quantity limits on Group II medications, their prescribing physician does have the option to apply for an MDL Prior Authorization review. PRxN staff would work with the prescribing physician to determine if this increased quantity desired is appropriate and discuss other options for treatment/evaluation that could benefit the beneficiary. If an override authorization is approved, the beneficiary will be allowed to fill for a quantity greater than the MDL limit and the beneficiary will only pay their co-pay.

If the beneficiary still desires a quantity above this established threshold after the MDL Prior Authorization is disapproved, the beneficiary becomes solely responsible for the cost above the threshold (100% co-payment).