Clinical Policy: Dose Optimization
Reference Number: CP.PMN.13
Effective Date: 05.01.16
Last Review Date: 11.20
Line of Business: Medicaid

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Dose optimization is a method to consolidate dosage units to the fewest units required to achieve the desired daily dose/regimen. This can reduce pill burden, simplify therapeutic regimens, improve treatment compliance, and reduce pharmacy spend.

FDA Approved Indication(s)
Varies by drug product.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with Centene Corporation® that dose optimization is implemented when clinically appropriate. Prescribers are required to consolidate multiple units of lower strength to the fewest units required to achieve the desired daily dose/regimen based on commercially available dosage strengths (see Appendix D for examples). Requests for multiple units of a lower strength will be denied when the plan-approved quantity limit for such medication is exceeded and higher strength units are commercially available to achieve the desired daily dose/regimen.

It is the policy of health plans affiliated with Centene Corporation® that exceptions to dose optimization are medically necessary when the following criteria are met:

I. Initial Approval Criteria
   A. Exceptions to Dose Optimization (must meet all):
      1. Member meets one of the following (a or b):
         a. Dose titration: Multiple lower strength units are requested for the purpose of dose titration;
         b. Other clinical reasons: Medical justification supports inability to use the higher strength units to achieve the desired dose/regimen;
      2. Request meets one of the following (a or b):
         a. Dose does not exceed the FDA-recommended regimen and maximum daily dose;
         b. For QL exceptions, refer to CP.PMN.59 – Quantity Limit Override.
   Approval duration:
   Dose titration – Duration of request or 60 days, whichever is less
   Other clinical reasons – Duration of request or 12 months, whichever is less
II. Continued Therapy
A. Exceptions to Dose Optimization (must meet all):
   1. Currently receiving medication via Centene benefit or member has previously met initial approval criteria;
   2. Member meets one of the following (a or b):
      a. Documentation supports the continued need for dose titration;
      b. Medical justification supports inability to use the higher strength units to achieve the desired dose/regimen;
   3. If request is for a dose increase, request meets one of the following (a or b):
      a. New dose does not exceed the FDA-recommended regimen and maximum daily dose;
      b. For QL exceptions, refer to CP.PMN.59 – Quantity Limit Override.

Approval duration:
Dose titration – Duration of request or 60 days, whichever is less
Other clinical reasons – Duration of request or 12 months, whichever is less

III. Diagnoses/Indications for which coverage is NOT authorized: Not applicable

IV. Appendices/General Information
   Appendix A: Abbreviation/Acronym Key
   FDA: Food and Drug Administration

   Appendix B: Therapeutic Alternatives
   Not applicable

   Appendix C: Contraindication/Boxed Warnings
   Varies by drug product

   Appendix D: Examples of Dose Optimization

<table>
<thead>
<tr>
<th>Request Example</th>
<th>Prescribed Regimen</th>
<th>Approvable Regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Request for Seroquel XR 800 mg/day</td>
<td>Seroquel XR 200 mg tablets, 4 tablets/day</td>
<td>Seroquel XR 400 mg tablets, 2 tablets/day</td>
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<tr>
<td>Request for aripiprazole 30 mg/day</td>
<td>Aripiprazole 15 mg tablets, 2 tablets/day</td>
<td>Aripiprazole 30 mg tablet, 1 tablet/day</td>
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</tbody>
</table>

V. Dosage and Administration
   Varies by drug product

VI. Product Availability
   Varies by drug product

VII. References
   Not applicable
Reviews, Revisions, and Approvals

<table>
<thead>
<tr>
<th>Description</th>
<th>Date</th>
<th>P&amp;T Approval Date</th>
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<tbody>
<tr>
<td>Converted to new template</td>
<td>03.17</td>
<td>05.17</td>
</tr>
<tr>
<td>2Q 2018 annual review: no significant changes; added Commercial; deleted Appendix D: Examples of Exceeding FDA Max Dose.</td>
<td>02.22.18</td>
<td>05.18</td>
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<td>2Q 2019 annual review: removed Commercial line of business as this is included in CP.CPA.190 Formulary Exceptions policy; added reference to CP.PMN.59 Quantity Limit Override policy for QL exceptions.</td>
<td>02.19.19</td>
<td>05.19</td>
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<td>2Q 2020 annual review: no significant changes.</td>
<td>02.17.20</td>
<td>05.20</td>
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<tr>
<td>4Q 2020 annual review: no significant changes.</td>
<td>07.15.20</td>
<td>11.20</td>
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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to
recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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Note:
For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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