Original Effective Date: 05/01/2014
Current Effective Date: 12/09/2023
Last P&T Approval/Version: 10/25/2023
Next Review Due By: 10/2024
Policy Number: C15341-A

Duplication of Therapy/High Risk Combination

PRODUCTS AFFECTED

NA

COVERAGE POLICY

Coverage for services, procedures, medical devices, and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational, or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
NA

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available.

A. FOR HIGH-RISK COMBINATION THERAPY:
   1. (a) Documentation of the following:
      i. Member has ≥ 2 different drugs within the same therapeutic class (> 35 days of overlapping therapy between different agents in the last 60 days)
      AND

ii. Documentation of prescriber review of medication list within the last 7 days and has provided evidence to support the combination to continue [DOCUMENTATION REQUIRED] AND
iii. Documentation of anticipated length of concurrent therapy or proposed tapering schedule (if applicable) AND
iv. IF CONCURRENT THERAPY REQUEST: Documentation of prescriber baseline disease activity evaluation and goals for treatment to be used to evaluate efficacy of therapy at renewal

OR

(b) Documentation of the following:
i. Member has ≥ 2 different drugs from drug classes that create a high risk for abuse, misuse, or CNS depression (> 35 days of overlapping therapy between different agents in the last 60 days) AND
ii. Documentation of prescriber review of medication list within the last 7 days and has provided evidence to support the combination to continue [DOCUMENTATION REQUIRED] AND
iii. Documentation of anticipated length of concurrent therapy or proposed tapering schedule (if applicable) AND
iv. IF CONCURRENT THERAPY REQUEST: Documentation of prescriber baseline disease activity evaluation and goals for treatment to be used to evaluate efficacy of therapy at renewal

OR

(c) Prescriber attests that member is switching therapies and the therapeutic duplication of medications will not be used concurrently

CONTINUATION OF THERAPY:

A. FOR HIGH-RISK COMBINATION THERAPY:
1. Documentation of evidence to support the combination to continue [DOCUMENTATION REQUIRED] AND
2. Documentation of positive clinical response as demonstrated by low disease activity and/or improvements in the condition's signs and symptoms AND
3. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity to the concurrent therapy

DURATION OF APPROVAL:

Initial authorization: up to 6 months; for member's switching therapies a 30-day override limit is appropriate.
Continuation of Therapy: up to 12 months or length of concurrent therapy need (whatever is shorter)

PRESCRIBER REQUIREMENTS:

NA

AGE RESTRICTIONS:

NA

QUANTITY:

NA

PLACE OF ADMINISTRATION:

NA

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
NA

DRUG CLASS:
NA

FDA-APPROVED USES:
NA

COMPENDIAL APPROVED OFF-LABELED USES:
NA

APPENDIX

APPENDIX:
Molina Healthcare. Inc. targeted classes for duplication of therapy
Please note this list and program is reviewed and updated (if needed) on a quarterly basis. Table reflects Q4 2023 program.

TARGETED CLASSES*		
Antidepressants	GERD	Opioids
Antihistamines	Gonadotropins	Phosphate binders
Antihyperlipidemics	Hematopoietic (CSFs)	Respiratory
Antihypertensives	Hormone replacement	Skeletal Muscle Relaxants
Antipsychotics	Immune globulins	Stimulants
Antiretrovirals	Immunomodulators	Urinary Antispasmodics
Benzodiazepines	Migraine	
Diabetes	NSAIDs	

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:
NA

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:
NA

OTHER SPECIAL CONSIDERATIONS:
NA

CODING/BILLING INFORMATION

Note: 1) This list of codes may not be all-inclusive. 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement

HCPCS CODE	DESCRIPTION
NA	

AVAILABLE DOSAGE FORMS:
NA

REFERENCES

SUMMARY OF REVIEW/REVISIONS	DATE
REVISION- Notable revisions: Required Medical Information	Q4 2023
REVISION- Notable revisions: Required Medical Information Continuation of Therapy Duration of Approval Appendix	Q4 2022
Q2 2022 Established tracking in new format	Historical changes on file