



Inland Empire Health Plan

Pharmacy Policy
Quantity Limit Policy

Line of Business: Both Lines of Business

P & T Approval Date: December 21, 2021

Effective Date: January 1, 2022

This policy has been developed through review of medical literature, consideration of medical necessity, generally accepted medical practice standards, and approved by the IEHP Pharmacy and Therapeutics Subcommittee.

I. POLICY:

1. Inland Empire Health Plan enforces quantity limitations on Formulary medications, Non-Formulary medications, and physician-administered drugs. Quantity limits are based on criteria including, but not limited to, FDA label indications, safety, potential overdose hazard, or approximation of usual doses per month. These limits exist to ensure appropriate clinical utilizations and to promote efficient and safe medication dosing administration.
2. Formulary medication(s) that exceed IEHP's drug quantity limits (e.g., quantity limit, DUR edit) may be approved when all of the following requirements are met:
 - a. Meet all requirements in IEHP Prescription Drug Prior Authorization Drug Treatment Criteria and Policy.
 - b. Documented clinical justification to demonstrate medical necessity of quantities greater than quantity limit and/or drug safety quantity control (DUR edit).
 - c. Requested quantities must be within the dosage limit recommended by the U.S. Food and Drug Administration (FDA) or one of the following compendia:
 - i. American Hospital Formulary Service Drug Information
 - ii. DRUGDEX Information System
 - iii. United States Pharmacopeia-Drug Information
3. Non-Formulary Medication(s) that exceed IEHP's drug quantity limits (e.g., quantity limit, DUR edit) may be approved when all of the following requirements are met:
 - a. Meet all requirements in IEHP Prescription Drug Prior Authorization Drug Treatment Criteria and Policy.
 - b. Prior authorization criteria must be met with documented clinical justification to demonstrate medical necessity.
 - c. Documented clinical justification to demonstrate medical necessity of quantities greater than quantity limit and/or drug safety quantity control (DUR edit).
 - d. Requested quantities must be within the dosage limit recommended by the U.S. food and Drug Administration (FDA) or one of the following compendia:
 - i. American Hospital Formulary Service Drug Information
 - ii. DRUGDEX Information System
 - iii. United States Pharmacopeia-Drug Information



Inland Empire Health Plan

Pharmacy Policy
Quantity Limit Policy

4. Physician-administered drug(s) that exceed IEHP's drug quantity limits (e.g., quantity limit, DUR edit) may be approved when all of the following requirements are met:
- a. Meet all requirements in IEHP Prescription Drug Prior Authorization Drug Treatment Criteria and Policy.
 - b. Documented clinical justification to demonstrate medical necessity of quantities greater than quantity limit and/or drug safety quantity control (DUR edit).
 - c. Requested quantities must be within the dosage limit recommended by the U.S. Food and Drug Administration (FDA) or one of the following compendia:
 - i. American Hospital Formulary Service Drug Information
 - ii. DRUGDEX Information System
 - iii. United States Pharmacopeia-Drug Information

Change Control		
Date	Change	Author
11/22/2021	<ul style="list-style-type: none">Updated to include physician-administered drugs	VM
08/06/2021	<ul style="list-style-type: none">Renew with no change	VM
05/20/2020	<ul style="list-style-type: none">Renew with no change	SV
05/15/2019	<ul style="list-style-type: none">Add FDA label indications to bullet 1Add Meet all requirements in IEHP Prescription Drug Prior Authorization Drug Treatment Criteria and Policy	JT