



Pharmacy Policy Quantity Limit Policy

Line of Business: All Lines of Business

P & T Approval Date: December 5, 2025

Effective Date: January 1, 2026

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.

POLICY:

1. Inland Empire Health Plan enforces quantity limitations on physician-administered drugs and the relevant medical supplies. Quantity limits are based on criteria including, but not limited to, FDA label indications, safety, potential overdose hazard, or approximation of usual doses (i.e. per administration, per month). These limits exist to ensure appropriate clinical utilizations and to promote efficient and safe medication dosing administration.
2. Requests that exceed IEHP's quantity limits may be approved when all of the following requirements are met:
 - a. 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
 - b. Meet all requirements in IEHP Drug Prior Authorization Policy.
 - c. Documented clinical justification to demonstrate medical necessity of quantities greater than quantity limit and/or drug safety quantity control.
 - d. IEHP's Utilization Management review hierarchy and the relevant criteria must be met with documented clinical justification to demonstrate medical necessity of the request.

REFERENCES:

1. Title 42, Code of Federal Regulations (CFR), §§ 423.120(b)(vii). Accessed on October 20, 2025. <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-423/subpart-C/section-423.120>
2. Title 42, Code of Federal Regulations (CFR), §§438.3(s). Accessed on October 20, 2025. <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-438/subpart-A/section-438.3>
3. DHCS Medi-Cal Rx Provider Manual, Version 23.0. October 1, 2024. Accessed on October 20, 2025. https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/manuals/Medi-Cal_Rx_Provider_Manual.pdf



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Change Control		
Date	Change	Author
10/30/2025	<ul style="list-style-type: none">Redefined the scope of policy (medical benefit only) and updated verbiages accordingly	SV
10/03/2024	<ul style="list-style-type: none">Updated Policy 4 as there is no DUR edit in PAD	SV
10/25/2023	<ul style="list-style-type: none">Updated LOB from “Both LOB” to “All LOB”	SV
10/05/2022	<ul style="list-style-type: none">Added Emergency Fill Quantity Limit policy per DHCSAdded references from CMS and DHCSUpdated P&T Approval Date and Effective Date	YA
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