



Drug Name: Quantity Limit

Date: 4/2019

Drug Name:	Quantity Limit
Required Medical Information:	<ul style="list-style-type: none">• The medication is being used for an FDA approved or compendia supported indication <p>AND one of the following</p> <ul style="list-style-type: none">• The patient has tried and failed or is unable to utilize a higher strength of the medication. OR• The patient has tried and failed the medication at the dose under the quantity limit and staying below the quantity limit may harm the patient, adversely affecting the medication's effectiveness or patient compliance.
Coverage duration:	12 months