

<b>Reference number</b>
1715-H

## SPECIALTY QUANTITY LIMIT PROGRAM

### PROLIA (denosumab)

#### I. PROGRAM DESCRIPTION

The initial limit is designed to allow a quantity sufficient for the most common uses of the medication. The recommended dosing parameters for all FDA-approved indications fall within the initial limits. Coverage of an additional quantity may be reviewed on a case-by-case basis upon request.

#### II. COVERED QUANTITIES

Medication	FDA-recommended dosing	Standard Limit
Prolia (denosumab) 60 mg/mL prefilled syringes	60 mg subcutaneously every 6 months	60 mg per 6 months

#### III. REFERENCES

1. Prolia [package insert]. Thousand Oaks, CA: Amgen Inc.; May 2017.