



MEDICAL SPECIALTY MEDICATION QUANTITY LIMITS		Effective 12/02/2024
Drug Name	Diagnosis/Diagnoses	Maximum Dosing Regimen
Actemra (Tocilizumab)	Acute Graft Versus Host Disease	Route of Administration: Intravenous 8mg/kg every 2 weeks
Actemra (Tocilizumab)	Castleman Disease (Unicentric or Multicentric)	Route of Administration: Intravenous 8mg/kg every 2 weeks
Actemra (Tocilizumab)	Cytokine Release Syndrome	Route of Administration: Intravenous <u>≥2 year(s)</u> <30kg 12mg/kg (up to a maximum of 800 mg); no more than 4 total doses given at least 8 hours apart ≥30kg 8mg/kg (up to a maximum of 800 mg); no more than 4 total doses given at least 8 hours apart
Actemra (Tocilizumab)	Giant Cell Arteritis	Route of Administration: Intravenous ≥18 year(s) 6mg/kg (up to maximum of 600 mg) every 4 weeks
Actemra (Tocilizumab)	Immune Checkpoint Inhibitor-Related Toxicities: Inflammatory Arthritis	Route of Administration: Intravenous 8mg/kg every 4 weeks
Actemra (Tocilizumab)	Polyarticular Juvenile Idiopathic Arthritis or Oligoarticular Juvenile Idiopathic Arthritis	Route of Administration: Intravenous <u>≥2 year(s)</u> <30kg 10mg/kg every 4 weeks ≥30kg 8mg/kg every 4 weeks
Actemra (Tocilizumab)	Rheumatoid Arthritis	Route of Administration: Intravenous ≥18 year(s) 8mg/kg (up to maximum of 800 mg) every 4 weeks
Actemra (Tocilizumab)	Systemic Juvenile Idiopathic Arthritis	Route of Administration: Intravenous <u>≥2 year(s)</u> <30kg 12mg/kg every 2 weeks ≥30kg 8mg/kg every 2 weeks
Avsola (Infliximab-axxq)	Acute Graft Versus Host Disease	Route of Administration: Intravenous 10mg/kg every week
Avsola (Infliximab-axxq)	Ankylosing Spondylitis or Axial Spondyloarthritis	Route of Administration: Intravenous ≥18 year(s) Initial: 5mg/kg on weeks 0, 2, and 6 Maintenance: 5mg/kg every 6 weeks ≥18 year(s) Maximum Maintenance Dose: 7.5mg/kg every 4 weeks



MEDICAL SPECIALTY MEDICATION QUANTITY LIMITS

Effective 12/02/2024

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Avsola (Infliximab-axxq)	Behcet's Disease	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Avsola (Infliximab-axxq)	Crohn's Disease	Route of Administration: Intravenous ≥6 to <18 year(s) Initial: 10mg/kg on weeks 0, 2, and 6 Maintenance: 10mg/kg every 8 weeks ≥18 year(s) Initial: 5mg/kg on weeks 0, 2, and 6 Maintenance: 5mg/kg every 8 weeks ≥6 year(s) Maximum Maintenance Dose: 10mg/kg every 4 weeks
Avsola (Infliximab-axxq)	Hidradenitis Suppurativa	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Avsola (Infliximab-axxq)	Immune Checkpoint Inhibitor-Related Toxicity	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Avsola (Infliximab-axxq)	Plaque Psoriasis	Route of Administration: Intravenous ≥18 year(s) Initial: 5mg/kg on weeks 0, 2, and 6 Maintenance: 5mg/kg every 8 weeks ≥18 year(s) Maximum Maintenance Dose: 10mg/kg every 4 weeks
Avsola (Infliximab-axxq)	Psoriatic Arthritis	Route of Administration: Intravenous ≥18 year(s) Initial: 5mg/kg on weeks 0, 2, and 6 Maintenance: 5mg/kg every 8 weeks ≥18 year(s) Maximum Maintenance Dose: 10mg/kg every 4 weeks
Avsola (Infliximab-axxq)	Pyoderma Gangrenosum	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Avsola (Infliximab-axxq)	Reactive Arthritis	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)

MEDICAL SPECIALTY MEDICATION QUANTITY LIMITS
Effective 12/02/2024

Drug Name	Diagnosis/Diagnoses	Maximum Dosing Regimen
Avsola (Infliximab-axxq)	Rheumatoid Arthritis	Route of Administration: Intravenous ≥18 year(s) Initial: 3mg/kg on weeks 0, 2, and 6 Maintenance: 3mg/kg every 8 weeks ≥18 year(s) Maximum Maintenance Dose: 10mg/kg every 4 weeks
Avsola (Infliximab-axxq)	Sarcoidosis	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Avsola (Infliximab-axxq)	Takayasu's Arteritis	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Avsola (Infliximab-axxq)	Ulcerative Colitis	Route of Administration: Intravenous ≥6 to <18 year(s) Initial: 10mg/kg on weeks 0, 2, and 6 Maintenance: 10mg/kg every 8 weeks ≥18 year(s) Initial: 5mg/kg on weeks 0, 2, and 6 Maintenance: 5mg/kg every 8 weeks ≥6 year(s) Maximum Maintenance Dose: 10mg/kg every 4 weeks
Avsola (Infliximab-axxq)	Uveitis	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Entyvio (Vedolizumab)	Crohn's Disease	Route of Administration: Intravenous ≥18 year(s) Initial: 300mg on weeks 0, 2, and 6 Maintenance: 300mg every 8 weeks
Entyvio (Vedolizumab)	Immune Checkpoint Inhibitor-Related Toxicity	Route of Administration: Intravenous 300mg on weeks 0, 2, and 6, then every 8 weeks
Entyvio (Vedolizumab)	Ulcerative Colitis	Route of Administration: Intravenous ≥18 year(s) Initial: 300mg on weeks 0, 2, and 6 Maintenance: 300mg every 8 weeks
Inflectra (Infliximab-dyyb)	Acute Graft Versus Host Disease	Route of Administration: Intravenous 10mg/kg every week



MEDICAL SPECIALTY MEDICATION QUANTITY LIMITS

Effective 12/02/2024

Drug Name	Diagnosis/Diagnoses	Maximum Dosing Regimen
Inflixtra (Infliximab-dyyb)	Ankylosing Spondylitis or Axial Spondyloarthritis	Route of Administration: Intravenous ≥18 year(s) Initial: 5mg/kg on weeks 0, 2, and 6 Maintenance: 5mg/kg every 6 weeks ≥18 year(s) Maximum Maintenance Dose: 7.5mg/kg every 4 weeks
Inflixtra (Infliximab-dyyb)	Behcet's Disease	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Inflixtra (Infliximab-dyyb)	Crohn's Disease	Route of Administration: Intravenous ≥6 to <18 year(s) Initial: 10mg/kg on weeks 0, 2, and 6 Maintenance: 10mg/kg every 8 weeks ≥18 year(s) Initial: 5mg/kg on weeks 0, 2, and 6 Maintenance: 5mg/kg every 8 weeks ≥6 year(s) Maximum Maintenance Dose: 10mg/kg every 4 weeks
Inflixtra (Infliximab-dyyb)	Hidradenitis Suppurativa	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Inflixtra (Infliximab-dyyb)	Immune Checkpoint Inhibitor-Related Toxicity	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Inflixtra (Infliximab-dyyb)	Plaque Psoriasis	Route of Administration: Intravenous ≥18 year(s) Initial: 5mg/kg on weeks 0, 2, and 6 Maintenance: 5mg/kg every 8 weeks ≥18 year(s) Maximum Maintenance Dose: 10mg/kg every 4 weeks
Inflixtra (Infliximab-dyyb)	Psoriatic Arthritis	Route of Administration: Intravenous ≥18 year(s) Initial: 5mg/kg on weeks 0, 2, and 6 Maintenance: 5mg/kg every 8 weeks ≥18 year(s) Maximum Maintenance Dose: 10mg/kg every 4 weeks
Inflixtra (Infliximab-dyyb)	Pyoderma Gangrenosum	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)

MEDICAL SPECIALTY MEDICATION QUANTITY LIMITS
Effective 12/02/2024

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Inflectra (Infliximab-dyyb)	Reactive Arthritis	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Inflectra (Infliximab-dyyb)	Rheumatoid Arthritis	Route of Administration: Intravenous ≥18 year(s) Initial: 3mg/kg on weeks 0, 2, and 6 Maintenance: 3mg/kg every 8 weeks ≥18 year(s) Maximum Maintenance Dose: 10mg/kg every 4 weeks
Inflectra (Infliximab-dyyb)	Sarcoidosis	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Inflectra (Infliximab-dyyb)	Takayasu's Arteritis	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Inflectra (Infliximab-dyyb)	Ulcerative Colitis	Route of Administration: Intravenous ≥6 to <18 year(s) Initial: 10mg/kg on weeks 0, 2, and 6 Maintenance: 10mg/kg every 8 weeks ≥18 year(s) Initial: 5mg/kg on weeks 0, 2, and 6 Maintenance: 5mg/kg every 8 weeks ≥6 year(s) Maximum Maintenance Dose: 10mg/kg every 4 weeks
Inflectra (Infliximab-dyyb)	Uveitis	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Keytruda (Pembrolizumab)	Ampullary Adenocarcinoma	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks
Keytruda (Pembrolizumab)	Anal Carcinoma	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks 2mg/kg every 3 weeks
Keytruda (Pembrolizumab)	Biliary Tract Cancer: Gallbladder Cancer, Intrahepatic/Extrahepatic Cholangiocarcinoma	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks



MEDICAL SPECIALTY MEDICATION QUANTITY LIMITS

Effective 12/02/2024

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Keytruda (Pembrolizumab)	Bone Cancer: Chondrosarcoma, Ewing Sarcoma, Osteosarcoma, or Chordoma	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks
Keytruda (Pembrolizumab)	Breast Cancer	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks
Keytruda (Pembrolizumab)	Cervical Cancer	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks
Keytruda (Pembrolizumab)	Classical Hodgkin Lymphoma	Route of Administration: Intravenous ≥18 year(s) 200mg every 3 weeks ≥18 year(s) 400mg every 6 weeks <18year(s) 2mg/kg every 3 weeks (up to a maximum of 200 mg)
Keytruda (Pembrolizumab)	CNS Cancer: Brain Metastases	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks
Keytruda (Pembrolizumab)	Colorectal Cancer, including Appendiceal Adenocarcinoma and Anal Adenocarcinoma	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks 2mg/kg every 3 weeks
Keytruda (Pembrolizumab)	Cutaneous Squamous Cell Carcinoma	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks
Keytruda (Pembrolizumab)	Endometrial Carcinoma, Uterine Sarcoma	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks
Keytruda (Pembrolizumab)	Esophageal Cancer, Gastroesophageal Junction Cancer, Gastric Cancer	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks



MEDICAL SPECIALTY MEDICATION QUANTITY LIMITS

Effective 12/02/2024

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Keytruda (Pembrolizumab)	Extranodal NK/T-Cell Lymphomas, Primary Cutaneous Lymphoma, including Mycosis Fungoides/ Sezary Syndrome or Anaplastic Large Cell Lymphoma (ALCL)	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks
Keytruda (Pembrolizumab)	Gestational Trophoblastic Neoplasia	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks
Keytruda (Pembrolizumab)	Head and Neck Squamous Cell Carcinoma, Nasopharyngeal Cancer, Salivary Gland Tumors	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks
Keytruda (Pembrolizumab)	Hepatocellular Carcinoma	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks
Keytruda (Pembrolizumab)	Kaposi Sarcoma	Route of Administration: Intravenous 200mg every 3 weeks
Keytruda (Pembrolizumab)	Melanoma or Uveal Melanoma	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks
Keytruda (Pembrolizumab)	Melanoma, Adjuvant	Route of Administration: Intravenous ≥12 to <18 year(s) 2mg/kg every 3 weeks (up to a maximum of 200 mg)
Keytruda (Pembrolizumab)	Merkel Cell Carcinoma	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks <18year(s) 2mg/kg every 3 weeks (up to a maximum of 200 mg)
Keytruda (Pembrolizumab)	Microsatellite Instability-High or Mismatch Repair Deficient Cancer	Route of Administration: Intravenous ≥18 year(s) 200mg every 3 weeks ≥18 year(s) 400mg every 6 weeks <18year(s) 2mg/kg every 3 weeks (up to a maximum of 200 mg)
Keytruda (Pembrolizumab)	Neuroendocrine Tumor or Adrenal Gland Tumor (Adrenocortical Carcinoma)	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks

**MEDICAL SPECIALTY MEDICATION QUANTITY LIMITS****Effective 12/02/2024**

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Keytruda (Pembrolizumab)	Non-Small Cell Lung Cancer or Small Cell Lung Cancer	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks
Keytruda (Pembrolizumab)	Occult Primary Cancer	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks
Keytruda (Pembrolizumab)	Ovarian, Fallopian, Primary Peritoneal Cancer	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks
Keytruda (Pembrolizumab)	Pancreatic Adenocarcinoma	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks
Keytruda (Pembrolizumab)	Pediatric Diffuse High-Grade Gliomas	Route of Administration: Intravenous <18year(s) 200mg every 3 weeks
Keytruda (Pembrolizumab)	Penile Cancer	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks
Keytruda (Pembrolizumab)	Primary Mediastinal Large B-cell Lymphoma	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks <18year(s) 2mg/kg every 3 weeks (up to a maximum of 200 mg)
Keytruda (Pembrolizumab)	Prostate Cancer	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks
Keytruda (Pembrolizumab)	Renal Cell Carcinoma	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks
Keytruda (Pembrolizumab)	Small Bowel Adenocarcinoma	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks 2mg/kg every 3 weeks



MEDICAL SPECIALTY MEDICATION QUANTITY LIMITS

Effective 12/02/2024

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Keytruda (Pembrolizumab)	Soft Tissue Sarcoma	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks
Keytruda (Pembrolizumab)	Testicular Cancer	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks
Keytruda (Pembrolizumab)	Thymic Carcinoma	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks
Keytruda (Pembrolizumab)	Thyroid Carcinoma: Anaplastic, Follicular, Hurthle Cell, Medullary, or Papillary	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks
Keytruda (Pembrolizumab)	Tumor Mutational Burden-High Cancer	Route of Administration: Intravenous ≥18 year(s) 200mg every 3 weeks ≥18 year(s) 400mg every 6 weeks <18year(s) 2mg/kg every 3 weeks (up to a maximum of 200 mg)
Keytruda (Pembrolizumab)	Urothelial Cancer/Bladder Cancer, including Primary Carcinoma of the Urethra, Upper Genitourinary Tract Tumor, or Urothelial Carcinoma of the Prostate	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks
Keytruda (Pembrolizumab)	Vulvar Cancer	Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks
Lemtrada (Alemtuzumab)	Multiple Sclerosis	Route of Administration: Intravenous First Course: 12mg on 5 consecutive days Subsequent Course(s): 12mg on 3 consecutive days, 12 months after the last dose of the prior treatment course
Ocrevus (Ocrelizumab)	Multiple Sclerosis or Clinically Isolated Syndrome	Route of Administration: Intravenous Initial: 300mg followed 2 weeks later by a second 300 mg Maintenance: 600mg every 6 months



MEDICAL SPECIALTY MEDICATION QUANTITY LIMITS

Effective 12/02/2024

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Orencia (Abatacept)	Acute Graft Versus Host Disease, Prophylaxis	Route of Administration: Intravenous ≥6 year(s) 10mg/kg (up to max 1000 mg) on the day before transplantation (day -1), then on day 5, 14, and 28 after transplant ≥2 to <6 year(s) 15mg/kg on the day before transplantation (day -1), then 12 mg/kg on day 5, 14, and 28 after transplant
Orencia (Abatacept)	Chronic Graft Versus Host Disease (GVHD)	Route of Administration: Intravenous Initial: 10mg/kg on weeks 0, 2, and 4 Maintenance: 10mg/kg every 4 weeks
Orencia (Abatacept)	Immune Checkpoint Inhibitor-Related Toxicity	Route of Administration: Intravenous 10mg/kg every 2 weeks
Orencia (Abatacept)	Polyarticular Juvenile Idiopathic Arthritis or Oligoarticular Juvenile Idiopathic Arthritis	Route of Administration: Intravenous <u>≥6 year(s)</u> <75kg Initial: 10mg/kg on weeks 0, 2, and 4 Maintenance: 10mg/kg every 4 weeks 75 - <101kg Initial: 750mg on weeks 0, 2, and 4 Maintenance: 750mg every 4 weeks ≥101kg Initial: 1000mg on weeks 0, 2, and 4 Maintenance: 1000mg every 4 weeks
Orencia (Abatacept)	Psoriatic Arthritis	Route of Administration: Intravenous <u>≥18 year(s)</u> <60kg Initial: 500mg on weeks 0, 2, and 4 Maintenance: 500mg every 4 weeks 60 - <101kg Initial: 750mg on weeks 0, 2, and 4 Maintenance: 750mg every 4 weeks ≥101kg Initial: 1000mg on weeks 0, 2, and 4 Maintenance: 1000mg every 4 weeks



MEDICAL SPECIALTY MEDICATION QUANTITY LIMITS

Effective 12/02/2024

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Orencia (Abatacept)	Rheumatoid Arthritis	Route of Administration: Intravenous <u>≥18 year(s)</u> <60kg Initial: 500mg on weeks 0, 2, and 4 Maintenance: 500mg every 4 weeks 60 - <101kg Initial: 750mg on weeks 0, 2, and 4 Maintenance: 750mg every 4 weeks ≥101kg Initial: 1000mg on weeks 0, 2, and 4 Maintenance: 1000mg every 4 weeks
Remicade (Infliximab)	Acute Graft Versus Host Disease	Route of Administration: Intravenous 10mg/kg every week
Remicade (Infliximab)	Ankylosing Spondylitis or Axial Spondyloarthritis	Route of Administration: Intravenous ≥18 year(s) Initial: 5mg/kg on weeks 0, 2, and 6 Maintenance: 5mg/kg every 6 weeks ≥18 year(s) Maximum Maintenance Dose: 7.5mg/kg every 4 weeks
Remicade (Infliximab)	Behcet's Disease	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Remicade (Infliximab)	Crohn's Disease	Route of Administration: Intravenous ≥6 to <18 year(s) Initial: 10mg/kg on weeks 0, 2, and 6 Maintenance: 10mg/kg every 8 weeks ≥18 year(s) Initial: 5mg/kg on weeks 0, 2, and 6 Maintenance: 5mg/kg every 8 weeks ≥6 year(s) Maximum Maintenance Dose: 10mg/kg every 4 weeks
Remicade (Infliximab)	Hidradenitis Suppurativa	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Remicade (Infliximab)	Immune Checkpoint Inhibitor-Related Toxicity	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)



MEDICAL SPECIALTY MEDICATION QUANTITY LIMITS

Effective 12/02/2024

Drug Name	Diagnosis/Diagnoses	Maximum Dosing Regimen
Remicade (Infliximab)	Plaque Psoriasis	Route of Administration: Intravenous ≥18 year(s) Initial: 5mg/kg on weeks 0, 2, and 6 Maintenance: 5mg/kg every 8 weeks ≥18 year(s) Maximum Maintenance Dose: 10mg/kg every 4 weeks
Remicade (Infliximab)	Psoriatic Arthritis	Route of Administration: Intravenous ≥18 year(s) Initial: 5mg/kg on weeks 0, 2, and 6 Maintenance: 5mg/kg every 8 weeks ≥18 year(s) Maximum Maintenance Dose: 10mg/kg every 4 weeks
Remicade (Infliximab)	Pyoderma Gangrenosum	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Remicade (Infliximab)	Reactive Arthritis	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Remicade (Infliximab)	Rheumatoid Arthritis	Route of Administration: Intravenous ≥18 year(s) Initial: 3mg/kg on weeks 0, 2, and 6 Maintenance: 3mg/kg every 8 weeks ≥18 year(s) Maximum Maintenance Dose: 10mg/kg every 4 weeks
Remicade (Infliximab)	Sarcoidosis	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Remicade (Infliximab)	Takayasu’s Arteritis	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Remicade (Infliximab)	Ulcerative Colitis	Route of Administration: Intravenous ≥6 to <18 year(s) Initial: 10mg/kg on weeks 0, 2, and 6 Maintenance: 10mg/kg every 8 weeks ≥18 year(s) Initial: 5mg/kg on weeks 0, 2, and 6 Maintenance: 5mg/kg every 8 weeks ≥6 year(s) Maximum Maintenance Dose: 10mg/kg every 4 weeks



MEDICAL SPECIALTY MEDICATION QUANTITY LIMITS

Effective 12/02/2024

Drug Name	Diagnosis/Diagnoses	Maximum Dosing Regimen
Remicade (Infliximab)	Uveitis	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Renflexis (Infliximab-abda)	Acute Graft Versus Host Disease	Route of Administration: Intravenous 10mg/kg every week
Renflexis (Infliximab-abda)	Ankylosing Spondylitis or Axial Spondyloarthritis	Route of Administration: Intravenous ≥18 year(s) Initial: 5mg/kg on weeks 0, 2, and 6 Maintenance: 5mg/kg every 6 weeks ≥18 year(s) Maximum Maintenance Dose: 7.5mg/kg every 4 weeks
Renflexis (Infliximab-abda)	Behcet's Disease	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Renflexis (Infliximab-abda)	Crohn's Disease	Route of Administration: Intravenous ≥6 to <18 year(s) Initial: 10mg/kg on weeks 0, 2, and 6 Maintenance: 10mg/kg every 8 weeks ≥18 year(s) Initial: 5mg/kg on weeks 0, 2, and 6 Maintenance: 5mg/kg every 8 weeks ≥6 year(s) Maximum Maintenance Dose: 10mg/kg every 4 weeks
Renflexis (Infliximab-abda)	Hidradenitis Suppurativa	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Renflexis (Infliximab-abda)	Immune Checkpoint Inhibitor-Related Toxicity	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Renflexis (Infliximab-abda)	Plaque Psoriasis	Route of Administration: Intravenous ≥18 year(s) Initial: 5mg/kg on weeks 0, 2, and 6 Maintenance: 5mg/kg every 8 weeks ≥18 year(s) Maximum Maintenance Dose: 10mg/kg every 4 weeks
Renflexis (Infliximab-abda)	Psoriatic Arthritis	Route of Administration: Intravenous ≥18 year(s) Initial: 5mg/kg on weeks 0, 2, and 6 Maintenance: 5mg/kg every 8 weeks ≥18 year(s) Maximum Maintenance Dose: 10mg/kg every 4 weeks



MEDICAL SPECIALTY MEDICATION QUANTITY LIMITS

Effective 12/02/2024

Drug Name	Diagnosis/Diagnoses	Maximum Dosing Regimen
Renflexis (Infliximab-abda)	Pyoderma Gangrenosum	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Renflexis (Infliximab-abda)	Reactive Arthritis	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Renflexis (Infliximab-abda)	Rheumatoid Arthritis	Route of Administration: Intravenous ≥18 year(s) Initial: 3mg/kg on weeks 0, 2, and 6 Maintenance: 3mg/kg every 8 weeks ≥18 year(s) Maximum Maintenance Dose: 10mg/kg every 4 weeks
Renflexis (Infliximab-abda)	Sarcoidosis	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Renflexis (Infliximab-abda)	Takayasu’s Arteritis	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Renflexis (Infliximab-abda)	Ulcerative Colitis	Route of Administration: Intravenous ≥6 to <18 year(s) Initial: 10mg/kg on weeks 0, 2, and 6 Maintenance: 10mg/kg every 8 weeks ≥18 year(s) Initial: 5mg/kg on weeks 0, 2, and 6 Maintenance: 5mg/kg every 8 weeks ≥6 year(s) Maximum Maintenance Dose: 10mg/kg every 4 weeks
Renflexis (Infliximab-abda)	Uveitis	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Simponi Aria (Golimumab)	Ankylosing Spondylitis or Axial Spondyloarthritis	Route of Administration: Intravenous ≥18 year(s) Initial: 2mg/kg on weeks 0 and 4 Maintenance: 2mg/kg every 8 weeks
Simponi Aria (Golimumab)	Immune Checkpoint Inhibitor-Related Toxicities: Inflammatory Arthritis	Route of Administration: Intravenous ≥18 year(s) Initial: 2mg/kg on weeks 0 and 4 Maintenance: 2mg/kg every 8 weeks
Simponi Aria (Golimumab)	Polyarticular Juvenile Idiopathic Arthritis or Oligoarticular Juvenile Idiopathic Arthritis	Route of Administration: Intravenous ≥2 to <18 year(s) Initial: 80mg/m ² on weeks 0 and 4 Maintenance: 80mg/m ² every 8 weeks

MEDICAL SPECIALTY MEDICATION QUANTITY LIMITS		Effective 12/02/2024
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Simponi Aria (Golimumab)	Psoriatic Arthritis	Route of Administration: Intravenous ≥18 year(s) Initial: 2mg/kg on weeks 0 and 4 Maintenance: 2mg/kg every 8 weeks ≥2 to <18 year(s) Initial: 80mg/m ² on weeks 0 and 4 Maintenance: 80mg/m ² every 8 weeks
Simponi Aria (Golimumab)	Rheumatoid Arthritis	Route of Administration: Intravenous ≥18 year(s) Initial: 2mg/kg on weeks 0 and 4 Maintenance: 2mg/kg every 8 weeks
Soliris (Eculizumab)	Atypical Hemolytic Uremic Syndrome (aHUS)	Route of Administration: Intravenous <u>≥18 year(s)</u> Initial: 900mg weekly for 4 doses Maintenance: 1200mg every 2 weeks, starting on week 5 <u><18year(s)</u> ≥40kg Initial: 900mg weekly for 4 doses Maintenance: 1200mg every 2 weeks, starting on week 5 30 - <40kg Initial: 600mg weekly for 2 doses Maintenance: 900mg every 2 weeks, starting on week 3 20 - <30kg Initial: 600mg weekly for 2 doses Maintenance: 600mg every 2 weeks, starting on week 3 10 - <20kg Initial: 600mg weekly for 1 dose Maintenance: 300mg every 2 weeks, starting on week 2 5 - <10kg Initial: 300mg weekly for 1 dose Maintenance: 300mg every 3 weeks, starting on week 2
Soliris (Eculizumab)	Generalized Myasthenia Gravis (gMG)	Route of Administration: Intravenous Initial: 900mg weekly for 4 doses Maintenance: 1200mg every 2 weeks, starting on week 5
Soliris (Eculizumab)	Neuromyelitis Optica Spectrum Disorder (NMOSD)	Route of Administration: Intravenous Initial: 900mg weekly for 4 doses Maintenance: 1200mg every 2 weeks, starting on week 5
Soliris (Eculizumab)	Paroxysmal Nocturnal Hemoglobinuria (PNH)	Route of Administration: Intravenous Initial: 600mg weekly for 4 doses Maintenance: 900mg every 2 weeks, starting on week 5



MEDICAL SPECIALTY MEDICATION QUANTITY LIMITS

Effective 12/02/2024

Drug Name	Diagnosis/Diagnoses	Maximum Dosing Regimen
Stelara (Ustekinumab)	Crohn's Disease	Route of Administration: Subcutaneous ≥18 year(s) 90mg every 4 weeks
Stelara (Ustekinumab)	Crohn's Disease	Route of Administration: Intravenous <u>≥18 year(s)</u> <56kg 260mg once 56 - <86kg 390mg once ≥86kg 520mg once
Stelara (Ustekinumab)	Immune Checkpoint Inhibitor-Related Toxicity	Route of Administration: Intravenous <56kg 260mg once 56 - <86kg 390mg once ≥86kg 520mg once
Stelara (Ustekinumab)	Immune Checkpoint Inhibitor-Related Toxicity	Route of Administration: Subcutaneous 90mg every 8 weeks
Stelara (Ustekinumab)	Plaque Psoriasis	Route of Administration: Subcutaneous <u>≥18 year(s)</u> <101kg Initial: 45mg on weeks 0 and 4 Maintenance: 45mg every 12 weeks <u>≥6 to <18 year(s)</u> <60kg Initial: 0.75mg/kg on weeks 0 and 4 Maintenance: 0.75mg/kg every 12 weeks 60 - <101kg Initial: 45mg on weeks 0 and 4 Maintenance: 45mg every 12 weeks <u>≥6 year(s)</u> ≥101kg Initial: 90mg on weeks 0 and 4 Maintenance: 90mg every 12 weeks

MEDICAL SPECIALTY MEDICATION QUANTITY LIMITS
Effective 12/02/2024

Drug Name	Diagnosis/Diagnoses	Maximum Dosing Regimen
Stelara (Ustekinumab)	Psoriatic Arthritis	Route of Administration: Subcutaneous <u>≥18 year(s)</u> Initial: 45mg on weeks 0 and 4 Maintenance: 45mg every 12 weeks <u>≥6 to <18 year(s)</u> <60kg Initial: 0.75mg/kg on weeks 0 and 4 Maintenance: 0.75mg/kg every 12 weeks ≥60kg Initial: 45mg on weeks 0 and 4 Maintenance: 45mg every 12 weeks <u>≥6 year(s)</u> ≥101kg Initial: 90mg on weeks 0 and 4 Maintenance: 90mg every 12 weeks
Stelara (Ustekinumab)	Ulcerative Colitis	Route of Administration: Intravenous <u>≥18 year(s)</u> <56kg 260mg once 56 - <86kg 390mg once ≥86kg 520mg once
Stelara (Ustekinumab)	Ulcerative Colitis	Route of Administration: Subcutaneous ≥18 year(s) 90mg every 4 weeks
Tofidence (Tocilizumab-bavi)	Acute Graft Versus Host Disease	Route of Administration: Intravenous 8mg/kg every 2 weeks
Tofidence (Tocilizumab-bavi)	Castleman Disease (Unicentric or Multicentric)	Route of Administration: Intravenous 8mg/kg every 2 weeks
Tofidence (Tocilizumab-bavi)	Cytokine Release Syndrome	Route of Administration: Intravenous <u>≥2 year(s)</u> <30kg 12mg/kg (up to a maximum of 800 mg); no more than 4 total doses given at least 8 hours apart ≥30kg 8mg/kg (up to a maximum of 800 mg); no more than 4 total doses given at least 8 hours apart
Tofidence (Tocilizumab-bavi)	Giant Cell Arteritis	Route of Administration: Intravenous ≥18 year(s) 6mg/kg (up to maximum of 600 mg) every 4 weeks



MEDICAL SPECIALTY MEDICATION QUANTITY LIMITS

Effective 12/02/2024

Drug Name	Diagnosis/Diagnoses	Maximum Dosing Regimen
Tofidence (Tocilizumab-bavi)	Immune Checkpoint Inhibitor-Related Toxicities: Inflammatory Arthritis	Route of Administration: Intravenous 8mg/kg every 4 weeks
Tofidence (Tocilizumab-bavi)	Polyarticular Juvenile Idiopathic Arthritis or Oligoarticular Juvenile Idiopathic Arthritis	Route of Administration: Intravenous <u>≥2 year(s)</u> <30kg 10mg/kg every 4 weeks ≥30kg 8mg/kg every 4 weeks
Tofidence (Tocilizumab-bavi)	Rheumatoid Arthritis	Route of Administration: Intravenous ≥18 year(s) 8mg/kg (up to maximum of 800 mg) every 4 weeks
Tofidence (Tocilizumab-bavi)	Systemic Juvenile Idiopathic Arthritis	Route of Administration: Intravenous <u>≥2 year(s)</u> <30kg 12mg/kg every 2 weeks ≥30kg 8mg/kg every 2 weeks
Tyenne (Tocilizumab-aazg)	Acute Graft Versus Host Disease	Route of Administration: Intravenous 8mg/kg every 2 weeks
Tyenne (Tocilizumab-aazg)	Castleman Disease (Unicentric or Multicentric)	Route of Administration: Intravenous 8mg/kg every 2 weeks
Tyenne (Tocilizumab-aazg)	Cytokine Release Syndrome	Route of Administration: Intravenous <u>≥2 year(s)</u> <30kg 12mg/kg (up to a maximum of 800 mg); no more than 4 total doses given at least 8 hours apart ≥30kg 8mg/kg (up to a maximum of 800 mg); no more than 4 total doses given at least 8 hours apart
Tyenne (Tocilizumab-aazg)	Giant Cell Arteritis	Route of Administration: Intravenous ≥18 year(s) 6mg/kg (up to maximum of 600 mg) every 4 weeks
Tyenne (Tocilizumab-aazg)	Immune Checkpoint Inhibitor-Related Toxicities: Inflammatory Arthritis	Route of Administration: Intravenous 8mg/kg every 4 weeks
Tyenne (Tocilizumab-aazg)	Polyarticular Juvenile Idiopathic Arthritis or Oligoarticular Juvenile Idiopathic Arthritis	Route of Administration: Intravenous <u>≥2 year(s)</u> <30kg 10mg/kg every 4 weeks ≥30kg 8mg/kg every 4 weeks

**MEDICAL SPECIALTY MEDICATION QUANTITY LIMITS****Effective 12/02/2024**

Drug Name	Diagnosis/Diagnoses	Maximum Dosing Regimen
Tyenne (Tocilizumab-aazg)	Rheumatoid Arthritis	Route of Administration: Intravenous ≥18 year(s) 8mg/kg (up to maximum of 800 mg) every 4 weeks
Tyenne (Tocilizumab-aazg)	Systemic Juvenile Idiopathic Arthritis	Route of Administration: Intravenous ≥2 year(s) <30kg 12mg/kg every 2 weeks ≥30kg 8mg/kg every 2 weeks
Tyruko (Natalizumab-sztn)	Crohn's Disease	Route of Administration: Intravenous ≥18 year(s) 300mg every 4 weeks
Tyruko (Natalizumab-sztn)	Multiple Sclerosis or Clinically Isolated Syndrome	Route of Administration: Intravenous ≥18 year(s) 300mg every 4 weeks
Tysabri (Natalizumab)	Crohn's Disease	Route of Administration: Intravenous ≥18 year(s) 300mg every 4 weeks
Tysabri (Natalizumab)	Multiple Sclerosis or Clinically Isolated Syndrome	Route of Administration: Intravenous ≥18 year(s) 300mg every 4 weeks