

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  ≥2 year(s)  <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  ≥2 year(s)  <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  ≥2 year(s)  <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 12/02/202	
Drug Name	Diagnosis/Diagnoses	Maximum Dosing Regimen	
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)	



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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 12/02/202
Drug Name	Diagnosis/Diagnoses	Maximum Dosing Regimen
Inflectra (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
Inflectra (Infliximab-dyyb)	Behcet's Disease	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Inflectra (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
Inflectra (Infliximab-dyyb)	Hidradenitis Suppurativa	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Inflectra (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)
Inflectra (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
Inflectra (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
Inflectra (Infliximab-dyyb)	Pyoderma Gangrenosum	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)



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Drug Name	Diagnosis/Diagnoses	Maximum Dosing Regimen	
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	



## Effective 12/02/2024 **MEDICAL SPECIALTY MEDICATION QUANTITY LIMITS Drug Name** Diagnosis/Diagnoses **Maximum Dosing Regimen** Keytruda Bone Cancer: Chondrosarcoma, Ewing Route of Administration: Intravenous (Pembrolizumab) Sarcoma, Osteosarcoma, or Chordoma 200mg every 3 weeks 400mg every 6 weeks Keytruda **Breast Cancer** Route of Administration: Intravenous (Pembrolizumab) 200mg every 3 weeks 400mg every 6 weeks Keytruda Cervical Cancer Route of Administration: Intravenous (Pembrolizumab) 200mg every 3 weeks 400mg every 6 weeks Keytruda Classical Hodgkin Lymphoma Route of Administration: Intravenous (Pembrolizumab) ≥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 CNS Cancer: Brain Metastases Route of Administration: Intravenous (Pembrolizumab) 200mg every 3 weeks 400mg every 6 weeks Keytruda Colorectal Cancer, including Route of Administration: Intravenous (Pembrolizumab) Appendiceal Adenocarcinoma and Anal 200mg every 3 weeks Adenocarcinoma 400mg every 6 weeks 2mg/kg every 3 weeks Keytruda Cutaneous Squamous Cell Carcinoma Route of Administration: Intravenous (Pembrolizumab) 200mg every 3 weeks 400mg every 6 weeks Keytruda Endometrial Carcinoma, Uterine Route of Administration: Intravenous 200mg every 3 weeks (Pembrolizumab) Sarcoma 400mg every 6 weeks Keytruda Esophageal Cancer, Gastroesophageal Route of Administration: Intravenous (Pembrolizumab) Junction Cancer, Gastric Cancer 200mg every 3 weeks 400mg every 6 weeks



Drug Name         Diagnosis/Diagnoses         Maximum Dosing Regimen           Keytruda         Extranodal NK/T-Cell Lymphomas, Including Mycosis Fungoides/ Sezary Syndrome or Anaplastic Large Cell Lymphoma (ALCL)         200mg every 3 weeks           Keytruda         Gestational Trophoblastic Neoplasia         Route of Administration: Intravenous 200mg every 3 weeks           Keytruda (Pembrolizumab)         Head and Neck Squamous Cell Carcinoma, Nasopharyngeal Cancer, Salivary Gland Tumors         Route of Administration: Intravenous 200mg every 3 weeks           Keytruda (Pembrolizumab)         Hepatocellular Carcinoma         Route of Administration: Intravenous 200mg every 3 weeks           Keytruda (Pembrolizumab)         Hepatocellular Carcinoma         Route of Administration: Intravenous 200mg every 3 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           Keytruda (Pembrolizumab)         Melanoma or Uveal Melanoma         Route of Administration: Intravenous 200mg every 3 weeks           Keytruda (Pembrolizumab)         Melanoma, Adjuvant         Route of Administration: Intravenous 200mg every 6 weeks	
Primary Cutaneous Lymphoma, including Mycosis Fungoides/ Sezary Syndrome or Anaplastic Large Cell Lymphoma (ALCL)   Keytruda (Pembrolizumab)   Gestational Trophoblastic Neoplasia   Route of Administration: Intravenous 200mg every 6 weeks	
Keytruda (Pembrolizumab)Lymphoma (ALCL)Route of Administration: Intravenous 200mg every 3 weeksKeytruda (Pembrolizumab)Head and Neck Squamous Cell Carcinoma, Nasopharyngeal Cancer, Salivary Gland TumorsRoute of Administration: Intravenous 200mg every 3 weeksKeytruda (Pembrolizumab)Hepatocellular CarcinomaRoute of Administration: Intravenous 200mg every 6 weeksKeytruda (Pembrolizumab)Hepatocellular CarcinomaRoute of Administration: Intravenous 200mg every 3 weeksKeytruda (Pembrolizumab)Kaposi SarcomaRoute of Administration: Intravenous 200mg every 3 weeksKeytruda (Pembrolizumab)Melanoma or Uveal MelanomaRoute of Administration: Intravenous 200mg every 3 weeksMelanoma or Uveal MelanomaRoute of Administration: Intravenous 200mg every 3 weeks	
(Pembrolizumab)  Lead and Neck Squamous Cell (Pembrolizumab)  Keytruda (Pembrolizumab)  Keytruda (Pembrolizumab)  Hepatocellular Carcinoma  Keytruda (Pembrolizumab)  Keytruda (Pembrolizumab)  Keytruda (Pembrolizumab)  Kaposi Sarcoma  Keytruda (Pembrolizumab)  Keytruda (Pembrolizumab)  Keytruda (Pembrolizumab)  Kaposi Sarcoma  Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks  Route of Administration: Intravenous 200mg every 3 weeks  Route of Administration: Intravenous 200mg every 3 weeks  Route of Administration: Intravenous 200mg every 3 weeks  Keytruda (Pembrolizumab)  Route of Administration: Intravenous 200mg every 3 weeks  Administration: Intravenous 200mg every 3 weeks  Route of Administration: Intravenous 200mg every 3 weeks	
Keytruda (Pembrolizumab)  Head and Neck Squamous Cell Carcinoma, Nasopharyngeal Cancer, Salivary Gland Tumors  Hepatocellular Carcinoma (Pembrolizumab)  Route of Administration: Intravenous 200mg every 3 weeks  400mg every 6 weeks  Route of Administration: Intravenous 200mg every 3 weeks  400mg every 6 weeks  Keytruda (Pembrolizumab)  Kaposi Sarcoma  Route of Administration: Intravenous 200mg every 6 weeks  Route of Administration: Intravenous 200mg every 3 weeks  400mg every 3 weeks  Route of Administration: Intravenous 200mg every 3 weeks  400mg every 3 weeks  Keytruda (Pembrolizumab)  Melanoma or Uveal Melanoma Route of Administration: Intravenous 200mg every 3 weeks  400mg every 6 weeks	
(Pembrolizumab)       Carcinoma, Nasopharyngeal Cancer, Salivary Gland Tumors       200mg every 3 weeks         Keytruda (Pembrolizumab)       Hepatocellular Carcinoma       Route of Administration: Intravenous 200mg every 3 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         Keytruda (Pembrolizumab)       Molanoma or Uveal Melanoma       Route of Administration: Intravenous 200mg every 3 weeks         400mg every 6 weeks       400mg every 6 weeks	
Salivary Gland Tumors  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 3 weeks  400mg every 6 weeks	
(Pembrolizumab)  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)  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)  Keytruda (Pembrolizumab)  Keytruda (Pembrolizumab)  Melanoma or Uveal Melanoma  Route of Administration: Intravenous 200mg every 3 weeks  Route of Administration: Intravenous 200mg every 3 weeks  400mg every 6 weeks	
(Pembrolizumab)  Keytruda (Pembrolizumab)  Melanoma or Uveal Melanoma Route of Administration: Intravenous 200mg every 3 weeks 400mg every 6 weeks	
(Pembrolizumab)  200mg every 3 weeks  400mg every 6 weeks	
Keytruda Melanoma, Adjuvant Route of Administration: Intravenous	
(Pembrolizumab) ≥12 to <18 year(s)	
2mg/kg every 3 weeks (up to a maximum of 200 mg)	
Keytruda 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       Microsatellite Instability-High or (Pembrolizumab)       Route of Administration: Intravenous         ≥18 year(s)       ≥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 Neuroendocrine Tumor or Adrenal Route of Administration: Intravenous  Gland Tumor (Adrenocortical 200mg every 3 weeks  Considerate)	
Carcinoma) 400mg every 6 weeks	

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MEDICAL SPECIALTY MEDICATION QUANTITY LIMITS  Effective 12/0		
Drug Name	Diagnosis/Diagnoses	Maximum Dosing Regimen
Keytruda	Non-Small Cell Lung Cancer or Small Cell	
(Pembrolizumab)	Lung Cancer	200mg every 3 weeks
		400mg over C weeks
		400mg every 6 weeks
Keytruda	Occult Primary Cancer	Route of Administration: Intravenous
(Pembrolizumab)		200mg every 3 weeks
		400mg every 6 weeks
		400mg every 6 weeks
Keytruda	Ovarian, Fallopian, Primary Peritoneal	Route of Administration: Intravenous
(Pembrolizumab)	Cancer	200mg every 3 weeks
		400mg every 6 weeks
Keytruda	Pancreatic Adenocarcinoma	Route of Administration: Intravenous
(Pembrolizumab)		200mg every 3 weeks
		400mg every 6 weeks
Keytruda (Pembrolizumab)	Pediatric Diffuse High-Grade Gliomas	Route of Administration: Intravenous
(Pembrolizumab)		<18year(s) 200mg every 3 weeks
Keytruda	Penile Cancer	Route of Administration: Intravenous
(Pembrolizumab)		200mg every 3 weeks
		400mg every 6 weeks
Keytruda (Pembrolizumab)	Primary Mediastinal Large B-cell	Route of Administration: Intravenous
(Perilbrolizumab)	Lymphoma	200mg every 3 weeks
		400mg every 6 weeks
		<18year(s)  2mg/kg every 3 weeks (up to a maximum of 200 mg)
		Zing/ng every 5 weeks (up to a maximum of 250 mg/
Keytruda	Prostate Cancer	Route of Administration: Intravenous
(Pembrolizumab)		200mg every 3 weeks
		400mg every 6 weeks
Keytruda	Renal Cell Carcinoma	Route of Administration: Intravenous
(Pembrolizumab)		200mg every 3 weeks
		400mg every 6 weeks
Keytruda (Pembrolizumab)	Small Bowel Adenocarcinoma	Route of Administration: Intravenous 200mg every 3 weeks
(1 Citibi Olizaniab)		200mg every 5 weeks
		400mg every 6 weeks
		2007/100 00000 2000010
		2mg/kg every 3 weeks
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MEDICAL SPECIALTY MEDICATION QUANTITY LIMITS Effective		
Drug Name	Diagnosis/Diagnoses	Maximum Dosing Regimen
Keytruda (Pembrolizumab)	Soft Tissue Sarcoma	Route of Administration: Intravenous 200mg every 3 weeks
		400mg every 6 weeks
Keytruda	Testicular Cancer	Route of Administration: Intravenous
(Pembrolizumab)		200mg every 3 weeks
		400mg every 6 weeks
Keytruda	Thymic Carcinoma	Route of Administration: Intravenous
(Pembrolizumab)		200mg every 3 weeks
		400mg every 6 weeks
Keytruda	Thyroid Carcinoma: Anaplastic,	Route of Administration: Intravenous
(Pembrolizumab)	Follicular, Hurthle Cell, Medullary, or Papillary	200mg every 3 weeks
	T apilial y	400mg every 6 weeks
Keytruda	Tumor Mutational Burden-High Cancer	Route of Administration: Intravenous
(Pembrolizumab)		≥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	Urothelial Cancer/Bladder Cancer,	Route of Administration: Intravenous
(Pembrolizumab)	including Primary Carcinoma of the Urethra, Upper Genitourinary Tract	200mg every 3 weeks
	Tumor, or Urothelial Carcinoma of the Prostate	400mg every 6 weeks
Keytruda	Vulvar Cancer	Route of Administration: Intravenous
(Pembrolizumab)		200mg every 3 weeks
		400mg every 6 weeks
Lemtrada	Multiple Sclerosis	Route of Administration: Intravenous
(Alemtuzumab)		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	Multiple Sclerosis or Clinically Isolated	Route of Administration: Intravenous
(Ocrelizumab)	Syndrome	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
Drug Name	Diagnosis/Diagnoses	Maximum Dosing Regimen
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	Chronic Graft Versus Host Disease	Route of Administration: Intravenous
(Abatacept)	(GVHD)	Initial: 10mg/kg on weeks 0, 2, and 4 Maintenance: 10mg/kg every 4 weeks
Orencia	Immune Checkpoint Inhibitor-Related	Route of Administration: Intravenous
(Abatacept)	Toxicity	10mg/kg every 2 weeks
Orencia	Polyarticular Juvenile Idiopathic Arthritis	Route of Administration: Intravenous
(Abatacept)	or Oligoarticular Juvenile Idiopathic	<u>≥6 year(s)</u>
	Arthritis	<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	Psoriatic Arthritis	Route of Administration: Intravenous
(Abatacept)		≥18 year(s)
		<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



## Effective 12/02/2024 **MEDICAL SPECIALTY MEDICATION QUANTITY LIMITS Drug Name** Diagnosis/Diagnoses **Maximum Dosing Regimen** Orencia **Rheumatoid Arthritis** Route of Administration: Intravenous (Abatacept) ≥18 year(s) <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 Acute Graft Versus Host Disease Route of Administration: Intravenous (Infliximab) 10mg/kg every week Ankylosing Spondylitis or Axial Remicade Route of Administration: Intravenous (Infliximab) Spondyloarthritis ≥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 Behcet's Disease Route of Administration: Intravenous (Infliximab) 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6) Remicade Crohn's Disease Route of Administration: Intravenous (Infliximab) ≥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 Hidradenitis Suppurativa Route of Administration: Intravenous (Infliximab) 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6) Remicade Immune Checkpoint Inhibitor-Related Route of Administration: Intravenous (Infliximab) 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, Toxicity and 6)



MEDICAL SPECIALT	Y 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



IEDICATION QUANTITY LIMITS	Effective 12/02/202
Diagnosis/Diagnoses	Maximum Dosing Regimen
Uveitis	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Acute Graft Versus Host Disease	Route of Administration: Intravenous 10mg/kg every week
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
Behcet's Disease	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
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
Hidradenitis Suppurativa	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
Immune Checkpoint Inhibitor-Related Toxicity	Route of Administration: Intravenous 10mg/kg every 4 weeks (may include induction doses on weeks 0, 2, and 6)
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
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
	Diagnosis/Diagnoses  Uveitis  Acute Graft Versus Host Disease  Ankylosing Spondylitis or Axial Spondyloarthritis  Behcet's Disease  Crohn's Disease  Hidradenitis Suppurativa  Immune Checkpoint Inhibitor-Related Toxicity  Plaque Psoriasis



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/m² on weeks 0 and 4 Maintenance: 80mg/m² every 8 weeks	
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MEDICAL SPECIALTY	MEDICAL SPECIALTY MEDICATION QUANTITY LIMITS Effective 12/02/2		
Drug Name	Diagnosis/Diagnoses	Maximum Dosing Regimen	
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/m² on weeks 0 and 4 Maintenance: 80mg/m² 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  ≥18 year(s)  Initial: 900mg weekly for 4 doses  Maintenance: 1200mg every 2 weeks, starting on week 5	
		<18year(s) ≥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		Effe	Effective 12/02/2024
Drug Name	Diagnosis/Diagnoses	Maximum Dosing Regimen	
Stelara	Crohn's Disease	Route of Administration: Subcutaneous	
(Ustekinumab)		≥18 year(s)	
		90mg every 4 weeks	
Stelara	Crohn's Disease	Route of Administration: Intravenous	
(Ustekinumab)		≥18 year(s)	
		<56kg	
		260mg once	
		56 06	
		56 - <86kg	
		390mg once	
		≥86kg	
		520mg once	
		Szoriig once	
Stelara	Immune Checkpoint Inhibitor-Related	Route of Administration: Intravenous	
(Ustekinumab)	Toxicity	<56kg	
,	,	260mg once	
		56 - <86kg	
		390mg once	
		≥86kg	
		520mg once	
Stelara	Immune Checkpoint Inhibitor-Related	Route of Administration: Subcutaneous	
(Ustekinumab)	Toxicity	90mg every 8 weeks	
Stelara	Plaque Psoriasis	Route of Administration: Subcutaneous	
(Ustekinumab)		≥18 year(s)	
		<101kg	
		Initial: 45mg on weeks 0 and 4	
		Maintenance: 45mg every 12 weeks	
		>6 to <19 year(s)	
		≥6 to <18 year(s) <60kg	
		Initial: 0.75mg/kg on weeks 0 and 4	
		Maintenance: 0.75mg/kg every 12 weeks	
		Maintenance. 0.7 5mg/ kg every 12 weeks	
		60 - <101kg	
		Initial: 45mg on weeks 0 and 4	
		Maintenance: 45mg every 12 weeks	
		≥6 year(s)	
		≥101kg	
		Initial: 90mg on weeks 0 and 4	
		Maintenance: 90mg every 12 weeks	



Drug Name	Diagnosis/Diagnoses	Maximum Dosing Regimen	
Stelara	Psoriatic Arthritis	Route of Administration: Subcutaneous	
(Ustekinumab)		≥18 year(s)	
		Initial: 45mg on weeks 0 and 4	
		Maintenance: 45mg every 12 weeks	
		≥6 to <18 year(s)	
		<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	Ulcerative Colitis	Route of Administration: Intravenous	
(Ustekinumab)		≥18 year(s)	
		<56kg	
		260mg once	
		56 - <86kg	
		390mg once	
		≥86kg	
		520mg once	
Stelara	Ulcerative Colitis	Route of Administration: Subcutaneous	
(Ustekinumab)		≥18 year(s)	
		90mg every 4 weeks	
Tofidence	Acute Graft Versus Host Disease	Route of Administration: Intravenous	
(Tocilizumab-bavi)		8mg/kg every 2 weeks	
Tofidence	Castleman Disease (Unicentric or	Route of Administration: Intravenous	
(Tocilizumab-bavi)	Multicentric)	8mg/kg every 2 weeks	
Tofidence	Cytokine Release Syndrome	Route of Administration: Intravenous	
(Tocilizumab-bavi)	,	≥2 year(s)	
,		<30kg	
		12mg/kg (up to a maximum of 800 mg); no more than 4 total dose	25
		given at least 8 hours apart	
		≥30kg	
		8mg/kg (up to a maximum of 800 mg); no more than 4 total doses	give
		at least 8 hours apart	6.40
Tofidence	Giant Cell Arteritis	Route of Administration: Intravenous	
(Tocilizumab-bavi)		≥18 year(s)	
(. Comeaniab bavi)		6mg/kg (up to maximum of 600 mg) every 4 weeks	
		on by to maximal of ood mg/ every + weeks	



MEDICAL SPECIALTY I	MEDICATION QUANTITY LIMITS	Effective 12/02/2024
Drug Name	Diagnosis/Diagnoses	Maximum Dosing Regimen
Tofidence	Immune Checkpoint Inhibitor-Related	Route of Administration: Intravenous
(Tocilizumab-bavi)	Toxicities: Inflammatory Arthritis	8mg/kg every 4 weeks
,		
Tofidence	Polyarticular Juvenile Idiopathic Arthritis	Route of Administration: Intravenous
(Tocilizumab-bavi)	or Oligoarticular Juvenile Idiopathic	≥2 year(s)
(**************************************	Arthritis	<30kg
	7 11 11 11 12 13	10mg/kg every 4 weeks
		Tomp, ng every i weeks
		≥30kg
		8mg/kg every 4 weeks
		onig/kg every 4 weeks
Tofidence	Rheumatoid Arthritis	Route of Administration: Intravenous
(Tocilizumab-bavi)		≥18 year(s)
(**************************************		8mg/kg (up to maximum of 800 mg) every 4 weeks
		only is to maximum or occorning every i weeks
Tofidence	Systemic Juvenile Idiopathic Arthritis	Route of Administration: Intravenous
(Tocilizumab-bavi)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	≥2 year(s)
(1002042		== you(y) <30kg
		12mg/kg every 2 weeks
		12mg/kg every 2 weeks
		≥30kg
		8mg/kg every 2 weeks
		onig/kg every 2 weeks
Tyenne	Acute Graft Versus Host Disease	Route of Administration: Intravenous
(Tocilizumab-aazg)		8mg/kg every 2 weeks
·		
Tyenne	Castleman Disease (Unicentric or	Route of Administration: Intravenous
(Tocilizumab-aazg)	Multicentric)	8mg/kg every 2 weeks
Tyenne	Cytokine Release Syndrome	Route of Administration: Intravenous
(Tocilizumab-aazg)		≥2 year(s)
		<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	Giant Cell Arteritis	Route of Administration: Intravenous
(Tocilizumab-aazg)		≥18 year(s)
		6mg/kg (up to maximum of 600 mg) every 4 weeks
Tyonno	Immuno Chacknoint Inhibitor Palatad	Route of Administration: Intravenous
Tyenne	Immune Checkpoint Inhibitor-Related	
(Tocilizumab-aazg)	Toxicities: Inflammatory Arthritis	8mg/kg every 4 weeks
Tyenne	Polyarticular Juvenile Idiopathic Arthritis	Route of Administration: Intravenous
(Tocilizumab-aazg)	or Oligoarticular Juvenile Idiopathic	≥2 year(s)
~	Arthritis	<30kg
		10mg/kg every 4 weeks
		Tomby No every + weeks
		≥30kg
		8mg/kg every 4 weeks
		5 <sub>0</sub> , <sub>0</sub> 5 <sub>0</sub> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		1



## **MEDICAL SPECIALTY MEDICATION QUANTITY LIMITS** Effective 12/02/2024 Diagnosis/Diagnoses **Drug Name Maximum Dosing Regimen** Tyenne **Rheumatoid Arthritis** Route of Administration: Intravenous (Tocilizumab-aazg) ≥18 year(s) 8mg/kg (up to maximum of 800 mg) every 4 weeks Systemic Juvenile Idiopathic Arthritis Route of Administration: Intravenous Tyenne (Tocilizumab-aazg) ≥2 year(s) <30kg 12mg/kg every 2 weeks ≥30kg 8mg/kg every 2 weeks Tyruko Crohn's Disease Route of Administration: Intravenous (Natalizumab-sztn) ≥18 year(s) 300mg every 4 weeks Tyruko Multiple Sclerosis or Clinically Isolated Route of Administration: Intravenous (Natalizumab-sztn) Syndrome ≥18 year(s) 300mg every 4 weeks Route of Administration: Intravenous Tysabri Crohn's Disease (Natalizumab) ≥18 year(s) 300mg every 4 weeks Tysabri Multiple Sclerosis or Clinically Isolated Route of Administration: Intravenous (Natalizumab) Syndrome ≥18 year(s) 300mg every 4 weeks