

Reference number
2269-H

SPECIALTY QUANTITY LIMIT PROGRAM

ENTYVIO (vedolizumab)

I. PROGRAM DESCRIPTION

The standard limit is designed to allow a quantity sufficient for the most common uses of the medication. If member's plan allows a quantity limit exception review for the requested medication, coverage of an additional quantity may be provided up to the exception limit with prior authorization.

II. COVERED QUANTITIES

Medication	Standard Limit	Exception Limit*	FDA-recommended dosing
Entyvio (vedolizumab) 300 mg per 20 mL single-use vial	1 vial every 8 weeks	3 vials per 60 days	<ul style="list-style-type: none"> • Loading doses: 300 mg at weeks 0, 2, and 6 • Maintenance dose: 300 mg every 8 weeks thereafter

*Coverage up to the exception limits may be provided with prior authorization via the Specialty Post Limit Quantity Exception Criteria for approval.

III. REFERENCE

1. Entyvio [package insert]. Deerfield, IL: Takeda Pharmaceuticals America, Inc.; February 2018.