Reference number	
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.

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