



## Commercial/Healthcare Exchange Quantity Limit Criteria

Effective: May 8<sup>th</sup>, 2019

**Quantity Limit Name:** Apadaz

**Products Affected:** Apadaz (Benzhydrocodone-acetaminophen) tablet

**Type of Quantity Limit:**

- FDA maximum
- Usual Daily Frequency
- Split fill
- Other (Please specify): \_\_\_\_\_

**Limits to be applied:**

Coverage will be provided only up to the limits specified below.

Apadaz (Benzhydrocodone-acetaminophen) tablet      Quantity limit: 168 tablets per 14 days

**References:**

Apadaz (benzhydrocodone/acetaminophen) [prescribing information]. Coralville, IA; KemPharm, Inc: February 2018.

**Policy Revision history**

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	04/25/2019

Last Res. April 25, 2019