



Commercial/Healthcare Exchange Quantity Limit Criteria

Effective: May 8th, 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