



**Commercial/Healthcare Exchange Quantity Limit Criteria**  
*Effective: April 10, 2020*

**Quantity Limit Name:** Caplyta

**Products Affected:** Caplyta (lumateperone) oral capsules

**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.

Caplyta (lumateperone): 30 capsules for 30 days

**References:**

1. Caplyta® capsules [prescribing information]. New York, NY: Intra-Cellular Therapies, Inc.; December 2019

**Policy Revision history**

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	4/6/2020

Last Res. April 2020



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