



**Commercial/Healthcare Exchange Quantity Limit Criteria**  
*Effective: December 14, 2018*

**Quantity Limit Name:** Copiktra

**Products Affected:** Copiktra (duvelisib) 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.

Copiktra (duvelisib)      Quantity Limit: 60 capsules per 30 days

**References:**

1. Copiktra [package insert]. Needham, MA; Verastem; September 2018.

**Policy Revision history**

<b>Rev #</b>	<b>Type of Change</b>	<b>Summary of Change</b>	<b>Sections Affected</b>	<b>Date</b>
1	New Policy	New Policy	All	12/14/2018

Last rev. December 14, 2018



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