



**ConnectiCare Commercial/Healthcare Exchange Quantity Limit Criteria**  
*Effective: July 25<sup>th</sup>, 2018*

**Quantity Limit Name:** Endari

**Products Affected:** Endari (L-glutamine) powder packets

**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.

Endari powder packets                      Quantity Limit: 180 packets per 30 days

**References:**

1. Endari prescribing information. Emmaus Medical, Inc. July 2017

**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	07/16/2018