

## Medicaid Quantity Limit Criteria

Effective: June 29, 2020

Quantity Limit Name: Tivicay PD

**Products Affected:** Tivicay PD (dolutegravir sodium) oral tablets for suspension

## Type of Quantity Limit:

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

*Limits to be applied*:

Tivicay PD (dolutegravir sodium) oral tablets for suspension:

180 tablets per 30 days

## References:

*1.* Tivicay (dolutegravir sodium) tablets [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline Pharmaceuticals, Inc.; June 2020.

## Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	6/29/2020

