Reference number(s)
2270-H

Specialty Quantity Limit Humira and Biosimilars

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Humira	adalimumab
Abrilada	adalimumab-afzb
Amjevita	adalimumab-atto
Cyltezo	adalimumab-adbm
Hadlima	adalimumab-bwwd
Hulio	adalimumab-fkjp
Hyrimoz	adalimumab-adaz
Idacio	adalimumab-aacf
Simlandi	adalimumab-ryvk
Yuflyma	adalimumab-aaty
Yusimry	adalimumab-aqvh
adalimumab (unbranded Humira)	adalimumab
adalimumab-aacf (unbranded Idacio)	adalimumab-aacf
adalimumab-aaty (unbranded Yuflyma)	adalimumab-aaty
adalimumab-adaz (unbranded Hyrimoz)	adalimumab-adaz
adalimumab-adbm (unbranded Cyltezo)	adalimumab-adbm
adalimumab-fkjp (unbranded Hulio)	adalimumab-fkjp
adalimumab-ryvk (unbranded Simlandi)	adalimumab-ryvk

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Program Description

The standard limit is designed to allow a quantity sufficient for the most common uses of the medication. If the member's plan allows a quantity limit exception review for the requested medication, coverage of an additional quantity may be provided up to the exception limit with prior authorization.

Covered Quantities

Medication	Standard Limit	Exception Limit
Humira (adalimumab) 10 mg/0.1 mL single-dose prefilled syringe	2 syringes per 28 days	Not applicable (N/A)
Humira (adalimumab) 20 mg/0.2 mL single-dose prefilled syringe	4 syringes per 28 days	N/A
Humira (adalimumab) 40 mg/0.4 mL single-dose prefilled syringe/pen	4 syringes/pens per 28 days	8 syringes/pens per 14 days
Humira (adalimumab) 40 mg/0.8 mL single-dose prefilled syringe/pen	4 syringes/pens per 28 days	8 syringes/pens per 14 days
Humira (adalimumab) 80 mg/0.8 mL single-dose prefilled pen	2 pens per 28 days	4 pens per 14 days
Humira (adalimumab) 80 mg/0.8 mL syringe Pediatric Crohn's Disease Starter Package	N/A	3 syringes per 28 days
Humira (adalimumab) 80 mg/0.8 mL and 40 mg/0.4 mL syringe Pediatric Crohn's Disease Starter Package	N/A	2 syringes per 28 days
Humira (adalimumab) 80 mg/0.8 mL pen Pediatric Ulcerative Colitis Starter Package	N/A	4 pens per 28 days
Humira (adalimumab) 40 mg/0.8 mL pen Crohn's Disease, Ulcerative Colitis, or Hidradenitis Suppurativa Starter Package	N/A	6 pens per 28 days
Humira (adalimumab) 80 mg/0.8 mL pen Crohn's Disease, Ulcerative Colitis, or Hidradenitis Suppurativa Starter Package	N/A	3 pens per 28 days
Humira (adalimumab) 40 mg/0.8 mL pen Psoriasis, Uveitis, or Adolescent Hidradenitis Suppurativa Starter Package	N/A	4 pens per 28 days

Medication	Standard Limit	Exception Limit
Humira (adalimumab) 80 mg/0.8 mL and 40 mg/0.4 mL pen Psoriasis, Uveitis, or Adolescent Hidradenitis Suppurativa Starter Package	N/A	3 pens per 28 days
adalimumab 10 mg/0.1 mL single-dose prefilled syringe	2 syringes per 28 days	N/A
adalimumab 20 mg/0.2 mL single-dose prefilled syringe	4 syringes per 28 days	N/A
adalimumab 40 mg/0.4 mL single-dose prefilled syringe/pen	4 syringes/pens per 28 days	8 syringes/pens per 14 days
adalimumab 80 mg/0.8 mL single-dose prefilled pen	2 pens per 28 days	4 pens per 14 days
Abrilada (adalimumab-afzb) 10 mg/0.2 mL single-dose prefilled syringe	2 syringes per 28 days	N/A
Abrilada (adalimumab-afzb) 20 mg/0.4 mL single-dose prefilled syringe	4 syringes per 28 days	N/A
Abrilada (adalimumab-afzb) 40 mg/0.8 mL single-dose prefilled syringe/pen autoinjector	4 syringes/pen autoinjectors per 28 days	8 syringes/pen autoinjectors per 14 days
Amjevita (adalimumab-atto) 10 mg/0.2 mL single-dose prefilled syringe	2 syringes per 28 days	N/A
Amjevita (adalimumab-atto) 20 mg/0.2 mL single-dose prefilled syringe	4 syringes per 28 days	N/A
Amjevita (adalimumab-atto) 20 mg/0.4 mL single-dose prefilled syringe	4 syringes per 28 days	N/A
Amjevita (adalimumab-atto) 40 mg/0.4 mL single-dose prefilled syringe/SureClick autoinjector	4 syringes/autoinjectors per 28 days	8 syringes/autoinjectors per 14 days
Amjevita (adalimumab-atto) 40 mg/0.8 mL single-dose prefilled syringe/SureClick autoinjector	4 syringes/autoinjectors per 28 days	8 syringes/autoinjectors per 14 days
Amjevita (adalimumab-atto) 80 mg/0.8 mL single-dose prefilled syringe/SureClick autoinjector	2 syringes/autoinjectors per 28 days	4 syringes/autoinjectors per 14 days
Cyltezo (adalimumab-adbm) 10 mg/0.2 mL single-dose prefilled syringe	2 syringes per 28 days	N/A

Medication	Standard Limit	Exception Limit
Cyltezo (adalimumab-adbm) 20 mg/0.4 mL single-dose prefilled syringe	4 syringes per 28 days	N/A
Cyltezo (adalimumab-adbm) 40 mg/0.4 mL single-dose prefilled syringe/pen autoinjector	4 syringes/pen autoinjectors per 28 days	8 syringes/pen autoinjectors per 14 days
Cyltezo (adalimumab-adbm) 40 mg/0.8 mL single-dose prefilled syringe/pen autoinjector	4 syringes/pen autoinjectors per 28 days	8 syringes/pen autoinjectors per 14 days
Cyltezo (adalimumab-adbm) 40 mg/0.4 mL pen autoinjector Psoriasis or Uveitis Starter Pack	N/A	4 pen autoinjectors per 28 days
Cyltezo (adalimumab-adbm) 40 mg/0.8 mL pen autoinjector Psoriasis or Uveitis Starter Pack	N/A	4 pen autoinjectors per 28 days
Cyltezo (adalimumab-adbm) 40 mg/0.4 mL pen autoinjector Crohn's Disease, Ulcerative Colitis, or Hidradenitis Suppurativa Starter Pack	N/A	6 pen autoinjectors per 28 days
Cyltezo (adalimumab-adbm) 40 mg/0.8 mL pen autoinjector Crohn's Disease, Ulcerative Colitis, or Hidradenitis Suppurativa Starter Pack	N/A	6 pen autoinjectors per 28 days
adalimumab-adbm 10 mg/0.2 mL single-dose prefilled syringe	2 syringes per 28 days	N/A
adalimumab-adbm 20 mg/0.4 mL single-dose prefilled syringe	4 syringes per 28 days	N/A
adalimumab-adbm 40 mg/0.4 mL single-dose prefilled syringe/pen autoinjector	4 syringes/pen autoinjectors per 28 days	8 syringes/pen autoinjectors per 14 days
adalimumab-adbm 40 mg/0.8 mL single-dose prefilled syringe/pen autoinjector	4 syringes/pen autoinjectors per 28 days	8 syringes/pen autoinjectors per 14 days
adalimumab-adbm 40 mg/0.4 mL pen autoinjector Psoriasis or Uveitis Starter Pack	N/A	4 pen autoinjectors per 28 days
adalimumab-adbm 40 mg/0.8 mL pen autoinjector Psoriasis or Uveitis Starter Pack	N/A	4 pen autoinjectors per 28 days

Medication	Standard Limit	Exception Limit
adalimumab-adbm 40 mg/0.4 mL pen autoinjector Crohn's Disease, Ulcerative Colitis, or Hidradenitis Suppurativa Starter Pack	N/A	6 pen autoinjectors per 28 days
adalimumab-adbm 40 mg/0.8 mL pen autoinjector Crohn's Disease, Ulcerative Colitis, or Hidradenitis Suppurativa Starter Pack	N/A	6 pen autoinjectors per 28 days
Hadlima (adalimumab-bwwd) 40 mg/0.4 mL single-dose prefilled syringe/PushTouch autoinjector	4 syringes/autoinjectors per 28 days	8 syringes/autoinjectors per 14 days
Hadlima (adalimumab-bwwd) 40 mg/0.8 mL single-dose prefilled syringe/PushTouch autoinjector	4 syringes/autoinjectors per 28 days	8 syringes/autoinjectors per 14 days
Hulio (adalimumab-fkjp) 20 mg/0.4 mL single-dose prefilled syringe	4 syringes per 28 days	N/A
Hulio (adalimumab-fkjp) 40 mg/0.8 mL single-dose prefilled syringe/pen autoinjector	4 syringes/pen autoinjectors per 28 days	8 syringes/pen autoinjectors per 14 days
adalimumab-fkjp 20 mg/0.4 mL single-dose prefilled syringe	4 syringes per 28 days	N/A
adalimumab-fkjp 40 mg/0.8 mL single-dose prefilled syringe/pen autoinjector	4 syringes/pen autoinjectors per 28 days	8 syringes/pen autoinjectors per 14 days
Hyrimoz (adalimumab-adaz) 10 mg/0.1 mL single-dose prefilled syringe	2 syringes per 28 days	N/A
Hyrimoz (adalimumab-adaz) 10 mg/0.2 mL single-dose prefilled syringe	2 syringes per 28 days	N/A
Hyrimoz (adalimumab-adaz) 20 mg/0.2 mL single-dose prefilled syringe	4 syringes per 28 days	N/A
Hyrimoz (adalimumab-adaz) 20 mg/0.4 mL single-dose prefilled syringe	4 syringes per 28 days	N/A
Hyrimoz (adalimumab-adaz) 40 mg/0.4 mL single-dose prefilled syringe/Sensoready pen autoinjector	4 syringes/pen autoinjectors per 28 days	8 syringes/pen autoinjectors per 14 days
Hyrimoz (adalimumab-adaz) 40 mg/0.8 mL single-dose prefilled syringe/Sensoready pen autoinjector	4 syringes/pen autoinjectors per 28 days	8 syringes/pen autoinjectors per 14 days

Medication	Standard Limit	Exception Limit
Hyrimoz (adalimumab-adaz) 80 mg/0.8 mL single-dose prefilled syringe/Sensoready pen autoinjector	2 syringes/pen autoinjectors per 28 days	4 syringes/pen autoinjectors per 14 days
Hyrimoz (adalimumab-adaz) 80 mg/0.8 mL Sensoready pen autoinjector Crohn's disease, Ulcerative Colitis, or Hidradenitis Suppurativa Starter Package	N/A	3 pen autoinjectors per 28 days
Hyrimoz (adalimumab-adaz) 80 mg/0.8 mL and 40 mg/0.4 mL Sensoready pen autoinjector Crohn's disease, Ulcerative Colitis, or Hidradenitis Suppurativa Starter Package	N/A	4 pen autoinjectors per 28 days
Hyrimoz (adalimumab-adaz) 80 mg/0.8 mL and 40 mg/0.4 mL Sensoready pen autoinjector Plaque Psoriasis or Uveitis Starter Package	N/A	3 pen autoinjectors per 28 days
Hyrimoz (adalimumab-adaz) 80 mg/0.8 mL prefilled syringe Pediatric Crohn's Disease Starter Pack	N/A	3 syringes per 28 days
Hyrimoz (adalimumab-adaz) 80 mg/0.8 mL and 40 mg/0.4 mL prefilled syringe Pediatric Crohn's Disease Starter Pack	N/A	2 syringes per 28 days
adalimumab-adaz 10 mg/0.1 mL single-dose prefilled syringe	2 syringes per 28 days	N/A
adalimumab-adaz 20 mg/0.2 mL single-dose prefilled syringe	4 syringes per 28 days	N/A
adalimumab-adaz 40 mg/0.4 mL single-dose prefilled syringe/Sensoready pen autoinjector	4 syringes/pen autoinjectors per 28 days	8 syringes/pen autoinjectors per 14 days
adalimumab-adaz 80 mg/0.8 mL single-dose prefilled syringe/Sensoready pen autoinjector	2 syringes/pen autoinjectors per 28 days	4 syringes/pen autoinjectors per 14 days
adalimumab-adaz 80 mg/0.8 mL Sensoready pen autoinjector Crohn's disease, Ulcerative Colitis, or Hidradenitis Suppurativa Starter Package	N/A	3 pen autoinjectors per 28 days

Medication	Standard Limit	Exception Limit
adalimumab-adaz 80 mg/0.8 mL and 40 mg/0.4 mL Sensoready pen autoinjector Crohn's disease, Ulcerative Colitis, or Hidradenitis Suppurativa Starter Package	N/A	4 pen autoinjectors per 28 days
adalimumab-adaz 80 mg/0.8 mL and 40 mg/0.4 mL Sensoready pen autoinjector Plaque Psoriasis or Uveitis Starter Package	N/A	3 pen autoinjectors per 28 days
adalimumab-adaz 80 mg/0.8 mL prefilled syringe Pediatric Crohn's Disease Starter Pack	N/A	3 syringes per 28 days
adalimumab-adaz 80 mg/0.8 mL and 40 mg/0.4 mL prefilled syringe Pediatric Crohn's Disease Starter Pack	N/A	2 syringes per 28 days
Idacio (adalimumab-aacf) 40 mg/0.8 mL single-dose prefilled syringe/pen autoinjector	4 syringes/pen autoinjectors per 28 days	8 syringes/pen autoinjectors per 14 days
Idacio (adalimumab-aacf) 40 mg/0.8 mL pen autoinjector Plaque Psoriasis or Uveitis Starter Package	N/A	4 pen autoinjectors (2 trays) per 28 days
Idacio (adalimumab-aacf) 40 mg/0.8 mL pen autoinjector Crohn's Disease, Ulcerative Colitis, or Hidradenitis Suppurativa Starter Package	N/A	6 pen autoinjectors (3 trays) per 28 days
adalimumab-aacf 40 mg/0.8 mL single-dose prefilled syringe/pen autoinjector	4 syringes/pen autoinjectors per 28 days	8 syringes/pen autoinjectors per 14 days
adalimumab-aacf 40 mg/0.8 mL pen autoinjector Plaque Psoriasis or Uveitis Starter Package	N/A	4 pen autoinjectors (2 trays) per 28 days
adalimumab-aacf 40 mg/0.8 mL pen autoinjector Crohn's Disease, Ulcerative Colitis, or Hidradenitis Suppurativa Starter Package	N/A	6 pen autoinjectors (3 trays) per 28 days
Simlandi (adalimumab-ryvk) 20 mg/0.2 mL single-dose prefilled syringe	4 syringes per 28 days	N/A
Simlandi (adalimumab-ryvk) 40 mg/0.4 mL single-dose prefilled syringe/autoinjector	4 syringes/autoinjectors per 28 days	8 syringes/autoinjectors per 14 days

Medication	Standard Limit	Exception Limit
Simlandi (adalimumab-ryvk) 80 mg/0.8 mL single-dose prefilled syringe/autoinjector	2 syringes/autoinjectors per 28 days	4 syringes/autoinjectors per 14 days
Simlandi (adalimumab-ryvk) 80 mg/0.8 mL autoinjector carton (Starter Package)	N/A	1 carton (3 autoinjectors) per 28 days
adalimumab-ryvk 20 mg/0.2 mL single-dose prefilled syringe	4 syringes per 28 days	N/A
adalimumab-ryvk 40 mg/0.4 mL single-dose prefilled syringe/autoinjector	4 syringes/autoinjectors per 28 days	8 syringes/autoinjectors per 14 days
adalimumab-ryvk 80 mg/0.8 mL single-dose prefilled syringe	2 syringes per 28 days	4 syringes per 14 days
Yuflyma (adalimumab-aaty) 20 mg/0.2 mL single-dose prefilled syringe	4 syringes per 28 days	N/A
Yuflyma (adalimumab-aaty) 40 mg/0.4 mL single-dose prefilled syringe/pen autoinjector	4 syringes/pen autoinjectors per 28 days	8 syringes/pen autoinjectors per 14 days
Yuflyma (adalimumab-aaty) 80 mg/0.8 mL single-dose prefilled syringe/pen autoinjector	2 syringes/pen autoinjectors per 28 days	4 syringes/pen autoinjectors per 14 days
Yuflyma (adalimumab-aaty) 40 mg/0.4 mL prefilled pen autoinjector Plaque Psoriasis Starter Package	N/A	4 pen autoinjectors per 28 days
Yuflyma (adalimumab-aaty) 40 mg/0.4 mL prefilled pen autoinjector Crohn's Disease, Pediatric Crohn's Disease, Ulcerative Colitis, or Hidradenitis Suppurativa Starter Package	N/A	6 pen autoinjectors per 28 days
Yuflyma (adalimumab-aaty) 80 mg/0.8 mL and 40 mg/0.4 mL prefilled pen autoinjector Plaque Psoriasis Starter Package	N/A	3 pen autoinjectors per 28 days
Yuflyma (adalimumab-aaty) 80 mg/0.8 mL prefilled pen autoinjector Crohn's Disease, Ulcerative Colitis, or Hidradenitis Suppurativa Starter Package	N/A	3 pen autoinjectors per 28 days
Yuflyma (adalimumab-aaty) 80 mg/0.8 mL and 40 mg/0.4 mL prefilled syringe Pediatric Crohn's Disease Starter Package	N/A	2 syringes per 28 days

Medication	Standard Limit	Exception Limit
Yuflyma (adalimumab-aaty) 80 mg/0.8 mL prefilled syringe Pediatric Crohn's Disease Starter Package	N/A	3 syringes per 28 days
adalimumab-aaty 20 mg/0.2 mL single-dose prefilled syringe	4 syringes per 28 days	N/A
adalimumab-aaty 40 mg/0.4 mL single-dose prefilled syringe/pen autoinjector	4 syringes/pen autoinjectors per 28 days	8 syringes/pen autoinjectors per 14 days
adalimumab-aaty 80 mg/0.8 mL single-dose prefilled syringe/pen autoinjector	2 syringes/pen autoinjectors per 28 days	4 syringes/pen autoinjectors per 14 days
adalimumab-aaty 80 mg/0.8 mL prefilled pen autoinjector Crohn's Disease, Ulcerative Colitis, or Hidradenitis Suppurativa Starter Package	N/A	3 pen autoinjectors per 28 days
Yusimry (adalimumab-aqvh) 40 mg/0.8 mL single-dose prefilled syringe/pen	4 syringes/pens per 28 days	8 syringes/pens per 14 days

FDA-recommended Dosing

Abbreviations: RA = rheumatoid arthritis; PsA = psoriatic arthritis; AS = ankylosing spondylitis; PJIA = polyarticular juvenile idiopathic arthritis; CD = Crohn's disease; UC = ulcerative colitis.

RA/PsA/AS

40 mg every other week.

For RA, patients not taking concomitant methotrexate

May increase to 40 mg every week or 80 mg every other week if needed.

PJIA/Pediatric uveitis (2 years and up)

10 kg to less than 15 kg

10 mg every other week.

15 kg to less than 30 kg

20 mg every other week.

Greater than or equal to 30 kg

40 mg every other week.

Pediatric CD (6 years and up)

17 kg to less than 40 kg

Loading doses of 80 mg on day 1 and 40 mg two weeks later (day 15).

Maintenance dose starting at week 4 (day 29) of 20 mg every other week.

Greater than or equal to 40 kg

Loading doses of 160 mg on day 1 (given in one day or split over two consecutive days) and 80 mg two weeks later (day 15).

Maintenance dose starting at week 4 (day 29) of 40 mg every other week.

Pediatric UC (5 years and up)

20 kg to less than 40 kg

Loading doses of 80 mg on day 1, 40 mg one week later (day 8), and 40 mg one week later (day 15).

Maintenance dose starting at week 4 (day 29) of 40 mg every other week or 20 mg every week.

Greater than or equal to 40 kg

Loading doses of 160 mg on day 1 (single dose or split over two consecutive days), 80 mg one week later (day 8), and 80 mg one week later (day 15).

Maintenance dose starting at week 4 (day 29) of 80 mg every other week or 40 mg every week.

Adult CD and UC

Loading doses

160 mg on day 1 (given in one day or split over two consecutive days), followed by 80 mg two weeks later (day 15).

Maintenance dose

Two weeks later (day 29), 40 mg every other week.

Plaque psoriasis/Adult uveitis

80 mg (day 1), followed by 40 mg every other week starting one week after the initial dose of 80 mg (day 8).

Adolescent hidradenitis suppurativa (12 years and up)

30 kg to less than 60 kg

80 mg on day 1, 40 mg on day 8 and subsequent doses 40 mg every other week (day 22).

Greater than or equal to 60 kg

Follow adult dosing.

Adult hidradenitis suppurativa

Loading doses

160 mg on day 1 (given in one day or split over two consecutive days), followed by 80 mg two weeks later (day 15).

Maintenance dose

Begin 40 mg every week or 80 mg every other week two weeks later (day 29).

References

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2. Abrilada [package insert]. New York, NY: Pfizer Inc.; April 2024.
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4. adalimumab-aacf [package insert]. Lake Zurich, IL: Fresenius Kabi USA, LLC.; June 2024.
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6. adalimumab-adaz [package insert]. Princeton, NJ: Sandoz Inc.; June 2024.
7. adalimumab-adbm [package insert]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; April 2024.
8. adalimumab-fkjp [package insert]. Cambridge, MA: Biocon Biologics Inc.; December 2023.
9. adalimumab-ryvk [package insert]. Leesburg, VA: Alvotech USA Inc.; August 2024.
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11. Cyltezo [package insert]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; April 2024.
12. Hadlima [package insert]. Jersey City, NJ: Organon & Co.; June 2024.
13. Hulio [package insert]. Morgantown, WV: Mylan Specialty L.P.; February 2025.
14. Hyrimoz [package insert]. Princeton, NJ: Sandoz Inc.; April 2024.
15. Idacio [package insert]. Lake Zurich, IL: Fresenius Kabi USA, LLC, January 2024.
16. Simlandi [package insert]. Leesburg, VA: Alvotech USA Inc.; February 2025.
17. Yuflyma [package insert]. Jersey City, NJ: Celltrion USA, Inc.; January 2024.
18. Yusimry [package insert]. Redwood City, CA: Coherus BioSciences, Inc.; September 2023.