

Specialty Quantity Limit

Pasatru

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
Pasatru	garetosmab-grts

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

Coverage up to the exception limits may be provided with prior authorization via the Specialty Post Limit Quantity Exception Criteria for approval.

Medication	Standard Limit	Exception Limit
Pasatru (garetosmab-grts) 300 mg/5 mL single dose vial	4 vials per 28 days	7 vials per 28 days

FDA-recommended Dosing

10 mg/kg intravenous (IV) infusion once every 4 weeks

May decrease dosage to 3 mg/kg IV infusion once every 4 weeks if 10 mg/kg is not tolerated.

Reference number(s)
7591-H

Reference

1. Pasatru [package insert]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc.; August 2026.