

## Commercial/Health Care Exchange Quantity Limit Criteria *Effective: May 8<sup>th</sup>, 2019*

		<b>30</b>		
Quantity Limit Name: Firdapse				
<u>Products Affected:</u> Firdapse (amiframpridine) oral tablets				
Type of C	Quantity Limit:			
		ev.		
□Split fill				
Other (Please specify):				
	Donier (Flease specify	)		
Limits to be applied: Coverage will be provided only up to the limits specified below.				
Firdapse 10mg oral tablets Quantity Limit: 240 tablets per 30 days				
References:  1. Firdapse® tablets [prescribing information]. Coral Gables, FL: Catalyst Pharmaceuticals, Inc.; November 2018				
Policy Revision history				
Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	5/8/2019