

Commercial/Health Care Exchange Quantity Limit Criteria Effective: September 27, 2018

Quantity Limit Name: Tibsovo (ivosidenib)					
<u>Products Affected</u> : Tibsovo (ivosidenib) 250mg tablets					
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:					
Tibsovo 250mg tablets Quantity Limit: 60 tablets per 30 days					
<u>References:</u>1. Tibsovo [package insert] Cambridge, MA; Agios; July 2018.					

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	9/27/18

