



Commercial/Healthcare Exchange Quantity Limit Criteria
Effective: May 6th, 2019

Quantity Limit Name: Ajovy

Products Affected: Ajovy (fremanezumab-vfrm)

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.

Ajovy (fremanezumab-vfrm) injection: 225mg/1.5mL (1 syringe) per 30 days

References:

1. Ajovy [package insert]. North Wales, PA; Teva; September 2018.
- 2.

Policy Revision history

| Rev # | Type of Change | Summary of Change | Sections Affected | Date |
|-------|----------------|-------------------|-------------------|------------|
| 1 | New Policy | New Policy | All | 04/19/2019 |

Last Res. April 19, 2019