



**Commercial/Healthcare Exchange Quantity Limit Criteria**  
*Effective: February 6<sup>th</sup>, 2019*

**Quantity Limit Name:** Galafold

**Products Affected:** Galafold (migalastat) capsule

**Type of Quantity Limit:**

- FDA maximum
- Usual Daily Frequency
- Split fill
- Other (Please specify): \_\_\_\_\_

**Limits to be applied:**

Galafold (migalastat)

Quantity Limit: 15 capsules per 30 days

**References:**

1. Galafold [package insert] Crabury, NJ: Amicus Therapeutics; August 2018

**Policy Revision history**

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	01/28/2019

Last Res. January 25, 2019