



**Commercial/Healthcare Exchange Quantity Limit Criteria**  
*Effective: July 8, 2020*

**Quantity Limit Name:** Pemazyre

**Products Affected:** Pemazyre (pemigatinib) oral tablets

**Type of Quantity Limit:**

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

**Limits to be applied:**

Pemazyre 4.5mg tablets	Quantity Limit: 14 tablets per 21 days
Pemazyre 9mg tablets	Quantity Limit: 14 tablets per 21 days
Pemazyre 13.5mg tablets	Quantity Limit: 14 tablets per 21 days

**References:**

- Pemazyre (pemigatinib) [prescribing information]. Wilmington, DE: Incyte Corporation; April 2020.

**Policy Revision history**

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	6/30/2020

Last Res. June 2020



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