



**Commercial/Healthcare Exchange Quantity Limit Criteria**  
*Effective: August 14<sup>th</sup>, 2019*

**Quantity Limit Name:** Vyndaqel

**Products Affected:** Vyndaqel (tafamidis)

**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

Vyndaqel (tafamidis) 20 mg capsule: 80 mg (120 capsules) per 30 days

**References:**

1. Vyndaqel® capsules and Vyndamax™ capsules [prescribing information]. New York, NY: Pfizer; May 2019.

**Policy Revision history**

<b>Rev #</b>	<b>Type of Change</b>	<b>Summary of Change</b>	<b>Sections Affected</b>	<b>Date</b>
1	New Policy	New Policy	All	8/12/2019

Last Res. August 12, 2019