Non Formulary Quantity Limits

Drug Name	Approved Quantity	Daily Limit (Quantity per day)	Target GPI
ACTEMRA INJ 162/0.9	162 mg per week (3.6 ml) per 28 days	0.13	6650007000E520
ACTEMRA INJ 200/10ML	40 ml per 14 days	2.86	66500070002035
ACTEMRA INJ 400/20ML	40 ml per 14 days	2.86	66500070002040
ACTEMRA INJ 80MG/4ML	40 ml (10 vials) per 14 days	2.86	66500070002030
ACTEMRA INJ ACTPEN 162 MG/0.9 ML	4 autoinjectors (3.6 ml) per 28 days	0.13	6650007000D520
AMPYRA TAB 10MG	60 per 30 days	2	62406030007420
AUSTEDO TAB 12 MG	120 per 30 days	4	62380030000330
AUSTEDO TAB 6 MG	60 per 30 days	2	62380030000310
AUSTEDO TAB 9 MG	120 per 30 days	4	62380030000320
BETHKIS NEB 300/4ML	224 per 28 days	8	7000070002530
BUPHENYL TAB 500MG	1200 TABLETS PER 30 DAYS	40	30908060000320
CAYSTON INH 75MG	84 per 28 days	3	16140010402120
COPAXONE INJ 20MG/ML	30 per 30 days	1	62400030106420; 6240003010E520
COPAXONE INJ 40MG/ML	12 per 28 days	0.43	6240003010E540
COSENTYX INJ 150MG/ML	150 mg (1 ml) per 28 days	0.04	9025057500E520
COSENTYX PEN INJ 150MG/ML	150 mg (1 ml) per 28 days	0.04	9025057500D520
CYSTARAN SOL 0.44%	4 BOTTLES PER 28 DAYS (CODE AS 60 PER 28 DAYS)	2.143	86805525102020
DAKLINZA TAB 30MG	28 per 28 days	1	12353025100320
DAKLINZA TAB 60MG	28 per 28 days	1	12353025100330
DAKLINZA TAB 90MG	28 per 28 days	1	12353025100340
EMFLAZA SUS 22.75/ML	52 ml per 30 days	1.8	22100017001830

EMFLAZA TAB 18MG	30 per 30 days	1	22100017000350
EMFLAZA TAB 30MG	30 per 30 days	1	22100017000360
EMFLAZA TAB 36MG	30 per 30 days	1	22100017000365
EMFLAZA TAB 6MG	60 per 30 days	2	22100017000340
EPCLUSA TAB 400-100	28 per 28 days	1	12359902650330
EPIVIR SOL 10MG/ML	900 ml per 30 days	30	12106060002020
EPIVIR TAB 150MG	60 per 30 days	2	12106060000320
EPIVIR TAB 300MG	30 per 30 days	1	12106060000330
EPZICOM TAB 600-300	30 per 30 days	1	12109902200340
EVENITY INJ 105MG	two single-use prefilled syringes 105 mg/1.17 mL solution per 30 days	0.078	3004486010E520
FIRDAPSE TAB 10 MG	240 per 30 days	8	76000012100320
FORTEO SOL 600/2.4	2.4 ml per 28 days	0.09	3004407000D220
GALAFOLD CAP 123MG	14 per 28 days	0.5	30903650100120
GATTEX KIT 5MG	1 kit per 30 days	0.04	52533070006420
HARVONI TAB 45-200 MG TABLETS	TABLETS PER 28 D	1	12359902400310
HARVONI TAB 90-400MG	28 per 28 days	1	12359902400320
INBRIJA CAP 42MG	300 per 30 days	10	73200040000160
INGREZZA CAP 40MG	30 per 30 days	1	62380080200120
INGREZZA CAP 80MG	30 per 30 days	1	62380080200140
JUXTAPID CAP 10MG	28 per 28 days	1	39480050200130
JUXTAPID CAP 20MG	28 per 28 days	1	39480050200140
JUXTAPID CAP 30MG	28 per 28 days	1	39480050200150
JUXTAPID CAP 40MG	28 per 28 days	1	39480050200160
JUXTAPID CAP 5MG	28 per 28 days	1	39480050200120

JUXTAPID CAP 60MG	28 per 28 days	1	39480050200170
KALETRA SOL	390 per 30 days	13	12109902552020
KINERET INJ 100 mg / 0.67 ml	18.76 ml per 28 days	0.67	6626001000E520
KORLYM TAB	120 per 30 days	4	27304050000330
KYNAMRO INJ 200MG/ML	4 per 28 days	0.15	3950004010E520
LETAIRIS TAB 10MG	30 per 30 days	1	40160007000320
LETAIRIS TAB 5MG	30 per 30 days	1	40160007000310
LEXIVA TAB 700MG	120 per 30 days	4	12104525100330
MYALEPT INJ 11.3MG (1 VIAL)	30 per 30 days	1.0000	30906050002120
NATPARA INJ 100 MCG (2 CARTRIDGES)	2 cartridges per 28 days	0.0720	##################
NATPARA INJ 25 MCG (2 CARTRIDGES)	2 cartridges per 28 days	0.0720	##################
NATPARA INJ 50 MCG (2 CARTRIDGES)	2 cartridges per 28 days	0.0720	##################
NATPARA INJ 75 MCG (2 CARTRIDGES)	2 cartridges per 28 days	0.0720	##################
NORTHERA CAP 100MG	90 per 30 days	3	38700030000130
NORTHERA CAP 200MG	180 per 30 days	6	38700030000140
NORTHERA CAP 300MG	180 per 30 days	6	38700030000150
NORVIR TAB 100MG	360 per 30 days	12	12104560000320
NORVIR POWD PKT 100MG	360 per 30 days	12	12104560003020
OCALIVA TAB 10MG	30 per 30 days	1	52750060000330
OCALIVA TAB 5MG	30 per 30 days	1	52750060000320
OLUMIANT TAB 1MG	30 TABLETS PER 30 DAYS	1	66603010000310
OLUMIANT TAB 2MG	30 per 30 days	1	66603010000320
OLYSIO CAP 150MG	28 per 28 days	1	12353077100120
ORENCIA INJ 125MG/ML	4 per 28 days	0.15	6640001000E520

ORENCIA INJ 50/0.4	4 per 28 days / 1.6 ml per 28 days	0.06	6640001000E510
ORENCIA INJ 87.5/0.7	4 per 28 days / 2.8 ml per 28 days	0.10	6640001000E515
ORENCIA CLCK INJ 125MG/ML	4 per 28 days	0.15	6640001000D520
OTREXUP PEN 10 MG/0.4ML	4 inj per 28 days / 1.6 ml per 28 days	0.06	6625005000D515
OTREXUP PEN 15 MG/0.4ML	4 inj per 28 days / 1.6 ml per 28 days	0.058	6625005000D520
OTREXUP PEN 20 MG/0.4ML	4 inj per 28 days / 1.6 ml per 28 days	0.058	6625005000D525
OTREXUP PEN 25 MG/0.4ML	4 inj per 28 days / 1.6 ml per 28 days	0.058	6625005000D530
OTREXUP PEN 12.5 MG/0.4ML	4 inj per 28 days / 1.6 ml per 28 days	0.058	6625005000D518
OTREXUP PEN 17.5 MG/0.4ML	4 inj per 28 days / 1.6 ml per 28 days	0.058	6625005000D523
OTREXUP PEN 22.5 MG/0.4ML	4 inj per 28 days / 1.6 ml per 28 days	0.058	6625005000D528
PLEGRIDY 125MCG/0.5ML	1 per 28 days	0.04	6240307530D2**; 6240307530E5**
PRALUENT INJ 150MG/ML	2 per 28 days	0.072	3935001000D530
PRALUENT INJ 75MG/ML	2 per 28 days	0.072	3935001000D520
RASUVO PEN 10MG/0.2ML	4 inj per 28 days	0.029	6625005000D512
RASUVO PEN 12.5MG/0.25ML	4 inj per 28 days	0.036	6625005000D517
RASUVO PEN 15MG/0.3ML	4 inj per 28 days	0.043	6625005000D519
RASUVO PEN 17.5MG/0.35ML	4 inj per 28 days	0.05	6625005000D522
RASUVO PEN 20MG/0.4ML	4 inj per 28 days	0.058	6625005000D525
RASUVO PEN 22.5MG/0.45ML	4 inj per 28 days	0.065	6625005000D527

RASUVO PEN 25MG/0.5ML	4 inj per 28 days	0.072	6625005000D535
RASUVO PEN 30MG/0.6ML	4 inj per 28 days	0.086	6625005000D545
RASUVO PEN 7.5MG/0.15ML	4 inj per 28 days	0.022	6625005000D510
REBIF INJ 22/0.5	12 (6 ml)per 28 days	0.30	6240306045D520 ; 6240306045E520
REBIF INJ 44/0.5	12 (6 ml)per 28 days	0.30	6240306045D540 ; 6240306045E540
REBIF TITRTN SOL PACK	12 (4.2 ml) per 28 days	0.15	6240306045E560 ; 6240306045D560
RETROVIR CAP 100MG	180 per 30 days	6	12108085000110
RETROVIR SYP 50MG/5ML	1800 ml per 30 days	60	12108085001210
RETROVIR TAB 300MG	60 per 30 days	2	12108085000330
REVATIO SUS 10MG/ML	224 ml per 30 days	7.5	40143060101920
REYATAZ CAP 150MG	30 per 30 days	1	12104515200130
REYATAZ CAP 200MG	60 per 30 days	2	12104515200140
REYATAZ CAP 300MG	30 per 30 days	1	12104515200150
REYATAZ POW 50MG	180 packets per 30 days	6	12104515203020
SABRIL POW 500MG	180 per 30 days	6	72170085003020
SABRIL TAB 500MG	180 per 30 days	6	72170085000320
SELZENTRY SOL 20MG/ML	1840 ml per 30 days	61.4	12102060002020
SIGNIFOR 0.3 mg/ml	60 per 30 days	2	30170075202020
SIGNIFOR 0.6 mg/ml	60 per 30 days	2	30170075202030
SIGNIFOR 0.9 mg/ml	60 per 30 days	2	30170075202040
SOMAVERT INJ 10MG	30 per 30 days	1	30180060002120
SOMAVERT INJ 15MG	30 per 30 days	1	30180060002130
SOMAVERT INJ 20MG	30 per 30 days	1	30180060002140
SOMAVERT INJ 25MG	30 per 30 days	1	30180060002150
SOMAVERT INJ 30MG	30 per 30 days	1	30180060002160
SOVALDI TAB 400MG	28 per 28 days	1	12353080000320

Stelara Vial 130 mg/26 mL (5 mg/mL)	104 mL (520 mg = 4 vials) x 1 dose per 365 days		52504070002020
SUSTIVA CAP 200MG	90 per 30 days	3	12109030000140
SUSTIVA CAP 50MG	90 per 30 days	3	12109030000110
SUSTIVA TAB 600MG	30 per 30 days	1	12109030000330
TECHNIVIE TAB	56 per 28 days	2	12359903600320
TOBI PODHALR CAP 28MG	224 caps per 28 days	8	7000070000120
TRACLEER TAB 125MG	60 per 30 days	2	40160015000330
TRACLEER TAB 62.5MG	60 per 30 days	2	40160015000320
TRIZIVIR TAB	60 per 30 days	2	12109903200320
TYMLOS INJ	1.56 mL (1 pen = 3120 mcg) per 30 days	0.06	3004400500D230
VEMLIDY TAB 25MG	30 TABLETS PER 30 DAYS	1	12352083200320
VICTRELIS CAP 200MG	336 per 28 days	12	12353015000120
VIDEX SOL 2GM	1200 ml per 30 days	40 ml/day	12105015002120
VIDEX EC CAP 200MG	30 per 30 days	1	12105015006528
VIDEX EC CAP 250MG	30 per 30 days	1	12105015006535
VIDEX EC CAP 400MG	30 per 30 days	1	12105015006550
VIEKIRA PAK TAB	1 pak (112) per 28 days	4.00	1235990460B720
VIEKIRA XR TAB	84 per 28 days	3	12359904607530
VIGADRONE POW 500MG	180 per 30 days	6	72170085003020
VIRAMUNE SUS 50MG/5ML	1200 ml per 30 days	40	12109050001820
VIRAMUNE TAB 200MG	60 per 30 days	2	12109050000320
VIRAMUNE XR TAB 100MG	90 per 30 days	3	12109050007510
VIRAMUNE XR TAB 400MG	30 per 30 days	1	12109050007520
VIREAD POW 40MG/GM	240 gm per 30 days	8	12108570102920
VIREAD TAB 150MG	30 per 30 days	1	12108570100305

VIREAD TAB 200MG	30 per 30 days	1	12108570100310
VIREAD TAB 250MG	30 per 30 days	1	12108570100315
VIREAD TAB 300MG	30 per 30 days	1	12108570100320
XURIDEN POW 2GM	4 PACKETS PER DAY	4	30903875203020
ZEPATIER TAB 50-100MG	28 per 28 days	1	12359902300320
ZERIT CAP 15MG	60 per 30 days	2	12108070000115
ZERIT CAP 20MG	60 per 30 days	2	12108070000120
ZERIT CAP 30MG	60 per 30 days	2	12108070000130
ZERIT CAP 40MG	60 per 30 days	2	12108070000140
ZERIT SOL 1MG/ML	2400 ml per 30 days	80	12108070002120
ZIAGEN SOL 20MG/ML	900 per 30 days	30	12105005102020
ZIAGEN TAB 300MG	60 per 30 days	2	12105005100320
INGREZZA CAP 40-80MG	28 per 28 days	1	6238008020B220
3RYHALI LOT 0.01%	400 gm per 365 days		90550073104105