

Non Formulary Quantity Limits

Drug Name	Approved Quantity	Daily Limit (Quantity per day)	Target GPI
ACTEMRA INJ 162MG/0.9ML	162 mg per week (3.6 ml) per 28 days	0.13	6650007000E520
ACTEMRA INJ 200MG/10ML	40 ml per 14 days	2.86	66500070002035
ACTEMRA INJ 400MG/20ML	40 ml per 14 days	2.86	66500070002040
ACTEMRA INJ 80MG/4ML	40 ml (10 vials) per 14 days	2.86	66500070002030
ACTEMRA ACTPEN 162MG/0.9ML	4 autoinjectors (3.6 ml) per 28 days	0.13	6650007000D520
ACYCLOVIR 5% CREAM	5gm per 30 days	n/a	90350010003720
AFINITOR TAB 10MG	30 per 30 days	1	21532530000330
AMPYRA TAB 10MG	60 per 30 days	2	62406030007420
APTIOM TAB 200MG	30 per 30 days	1	72600024100320
APTIOM TAB 400MG	30 per 30 days	1	72600024100330
APTIOM TAB 600MG	60 per 30 days	2	72600024100340
APTIOM TAB 800MG	60 per 30 days	2	72600024100360
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
BRIVIACT TAB 10MG	120 per 30 days	4	72600015000310
BRIVIACT TAB 25MG	60 per 30 days	2	72600015000320
BRIVIACT TAB 50MG	60 per 30 days	2	72600015000330
BRIVIACT TAB 75MG	60 per 30 days	2	72600015000340
BRIVIACT TAB 100MG	60 per 30 days	2	72600015000350
BRIVIACT ORAL SOL 10MG/ML	600 ml per 30 days	20	72600015002020
BRYHALI LOT 0.01%	400 gm per 365 days	n/a	90550073104105
BUPHENYL TAB 500MG	1200 per 30 days	40	30908060000320
CAYSTON INH 75MG	84 per 28 days	3	16140010402120
CIPRODEX OTIC SUSPENSION	7.5mL per 15 days	n/a	87991002361820
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 (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
DESOXIMETASONE 0.5% CREAM	60gm per 30 days	n/a	90550040003705

DICLOFENAC DIS 1.3% PATCH	1 box (30 patches) per 15 days	n/a	90210030205920
DIFLORASONE DIACEATE CREAM	60gm per 30 days	n/a	90550050103705
DIFLORASONE DIACEATE OINTMENT	60gm per 30 days	n/a	90550050104205
DOXEPIN 5% CREAM	45gm per 30 days	n/a	90220015103710
EPCLUSA TAB 200-50MG	28 per 28 days	1	12359902650320
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	2 syringes per 30 days	0.078	3004486010E520
FIRDAPSE TAB 10 MG	240 per 30 days	8	76000012100320
FLURANDRENOLIDE 0.05% LOTION	120mL per 30 days	n/a	90550065004105
FORTEO SOL 600/2.4	2.4 ml per 28 days	0.09	3004407000D220
GATTEX KIT 5MG	1 kit per 30 days	0.04	52533070006420
GEMTESA TAB 75MG	30 per 30 days	1	54200080000320
HARVONI PAK 33.75-150 MG	28 per 28 days	1	12359902403006
HARVONI PAK 45-200MG	28 per 28 days	1	12359902403010
HARVONI TAB 90-400MG	28 per 28 days	1	12359902400320
HARVONI TAB 45-200 MG	28 per 28 days	1	12359902400310
HETLIOZ LIQ SUS 4MG/ML	5 ml per day	5	60250070001820
Humalog Mix 75/25	30 ml per fill	n/a	27104080001820
HYDROCORTISONE BUTYRATE 0.1% LOTION	118ml per 30 days	n/a	90550075304120
INBRIJA CAP 42MG	300 per 30 days	10	73200040000160
INGREZZA CAP 40-80MG	28 per 28 days	1	6238008020B220
INGREZZA CAP 40MG	30 per 30 days	1	62380080200120
INGREZZA CAP 60MG	30 per 30 days	1	62380080200130
INGREZZA CAP 80MG	30 per 30 days	1	62380080200140
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
MUPIROCIN 2% CREAM	30gm per 30 days	n/a	90100065203710

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	3004405510E140
NATPARA INJ 25 MCG (2 CARTRIDGES)	2 cartridges per 28 days	0.0720	3004405510E110
NATPARA INJ 50 MCG (2 CARTRIDGES)	2 cartridges per 28 days	0.0720	3004405510E120
NATPARA INJ 75 MCG (2 CARTRIDGES)	2 cartridges per 28 days	0.0720	3004405510E130
NORVIR TAB 100MG	360 per 30 days	12	12104560000320
NORVIR POWD PKT 100MG	360 per 30 days	12	121045600003020
OCALIVA TAB 10MG	30 per 30 days	1	52750060000330
OCALIVA TAB 5MG	30 per 30 days	1	52750060000320
OLUMIANT TAB 1MG	30 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 inj per 28 days	0.15	6640001000E520
ORENCIA INJ 50/0.4	4 inj per 28 days (1.6 ml per 28 days)	0.06	6640001000E510
ORENCIA INJ 87.5/0.7	4 inj per 28 days (2.8 ml per 28 days)	0.10	6640001000E515
ORENCIA CLCK INJ 125MG/ML	4 inj 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 12.5 MG/0.4ML	4 inj per 28 days (1.6 ml per 28 days)	0.058	6625005000D518
OTREXUP PEN 15 MG/0.4ML	4 inj per 28 days (1.6 ml per 28 days)	0.058	6625005000D520
OTREXUP PEN 17.5 MG/0.4ML	4 inj per 28 days (1.6 ml per 28 days)	0.058	6625005000D523
OTREXUP PEN 20 MG/0.4ML	4 inj per 28 days (1.6 ml per 28 days)	0.058	6625005000D525
OTREXUP PEN 22.5 MG/0.4ML	4 inj per 28 days (1.6 ml per 28 days)	0.058	6625005000D528
OTREXUP PEN 25 MG/0.4ML	4 inj per 28 days (1.6 ml per 28 days)	0.058	6625005000D530
OXICONAZOLE 1% CREAM	60gm per 30 days	n/a	90154065003710
PHEXXI GEL	720 grams per 365 days (12 packages per year)	n/a	55329903404020
PLEGRIDY 125MCG/0.5ML	2 inj per 28 days	0.04	6240307530D2**, 6240307530E5**
PONVORY 14-DAY STARTER PACK	1 pack (14 tabs) per 14 days	1	6240706000B720
PONVORY TAB 20MG	30 per 30 days	1	62407060000320

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
REDITREX INJ 7.5/3ML	4 syringes per 28 days	0.043	6625005000E508
REDITREX INJ 10/4ML	4 syringes per 28 days	0.058	6625005000E510
REDITREX INJ 12.5/0.5	4 syringes per 28 days	0.072	6625005000E512
REDITREX INJ 15/6ML	4 syringes per 28 days	0.086	6625005000E515
REDITREX INJ 17.5/0.7	4 syringes per 28 days	0.1	6625005000E522
REDITREX INJ 20/8ML	4 syringes per 28 days	0.115	6625005000E526
REDITREX INJ 22.5/0.9	4 syringes per 28 days	0.129	6625005000E532
REDITREX INJ 25MG/ML	4 syringes per 28 days	0.143	6625005000E536
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)	1 dose (up to 520 mg/104 mL) per 365 days	n/a	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
SUTENT CAP 12.5MG	30 per 30 days	1	21533070300120
SUTENT CAP 25MG	30 per 30 days	1	21533070300130
SUTENT CAP 37.5MG	30 per 30 days	1	21533070300135
SUTENT CAP 50MG	30 per 30 days	1	21533070300140
SYNDROS SOL 5MG/ML	120 mL per 30 days	4	50300030002020
TARGRETIN 1% GEL	60 gm per 30 days	n/a	90376220004020
TECHNIVIE TAB	56 per 28 days	2	12359903600320
TOBI PODHALR CAP 28MG	224 caps per 28 days	8	7000070000120
TOBRADEX OPHTHALMIC OINTMENT	3.5gm per 5 days	n/a	86309902804220
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
VANCOMYCIN 125MG CAP	120 caps per 30 days	4	16280080100110
VANCOMYCIN 250MG CAP	240 caps per 30 days	8	16280080100120
VEMLIDY TAB 25MG	30 per 30 days	1	12352083200320
VICTRELIS CAP 200MG	336 per 28 days	12	12353015000120
VIDEX SOL 2GM	1200 mL per 30 days	40	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
ZTLIDO 1.8% PATCH		90 patches per 30 days	n/a	90850060005910