Medicaid 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
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
ASPRUZYO SPRINKLE 500MG	60 per 30 days	2	32200040003020
ASPRUZYO SPRINKLE 1000MG	60 per 30 days	2	32200040003040
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
BYDUREON BC INJ 2/0.85ML	3.4 ml per 28 days	0.13	2717002000D420
CAYSTON INH 75MG	84 per 28 days	3	16140010402120
CIPRODEX OTIC SUSPENSION	7.5mL per 15 days	n/a	87991002361820
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
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 PAK 150-37.5	28 per 28 days	1	12359902653020
EPCLUSA PAK 200-50	28 per 28 days	1	12359902653030
EPCLUSA TAB 200-50MG	28 per 28 days	1	12359902650320

EPCLUSA TAB 400-100	28 per 28 days	1	12359902650330
EVENITY INJ 105MG	2 syringes per 30 days	0.078	3004486010E520
FANAPT TAB 1MG	60 per 30 days	2	59070035000310
FANAPT TAB 2MG	60 per 30 days	2	59070035000320
FANAPT TAB 4MG	60 per 30 days	2	59070035000340
FANAPT TAB 6MG	60 per 30 days	2	59070035000360
FANAPT TAB 8MG	60 per 30 days	2	59070035000380
FANAPT TAB 10MG	60 per 30 days	2	59070035000385
FANAPT TAB 12MG	60 per 30 days	2	59070035000390
FANAPT TITRATION PAK	8 per 4 days	2	59070035006320
FLURANDRENOLIDE 0.05% LOTION	120mL per 30 days	n/a	90550065004105
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
HUMALOG MIX 75/25	30 ml per fill	n/a	27104080001820
HUMIRA INJ 10MG/0.1ML	2 inj per 28 days	0.072	6627001500F804
HUMIRA INJ 20MG/0.2ML	2 inj per 28 days	0.072	6627001500F809
HUMIRA INJ 40MG/0.8ML	4 inj per 28 days	0.15	6627001500F820; 6627001500F520
HUMIRA PEDIA INJ CROHNS 80MG/0.8ML	3 inj per 28 days	0.11	6627001500F840
HUMIRA PEDIA INJ CROHNS KIT 80MG/0.8ML & 40MG/0.4ML	2 inj per 28 days	0.072	6627001500F880
HYDROCORTISONE ACETATE SUPPOS 25MG	Max of 12	n/a	89100010105230
HYDROCORTISONE BUTYRATE 0.1% LOTION	118 ml 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
INGREZZA SPRINKLE CAP 40MG	30 per 30 days	1	62380080206830
INGREZZA SPRINKLE CAP 60MG	30 per 30 days	1	62380080206850
INGREZZA SPRINKLE CAP 80MG	30 per 30 days	1	62380080206870
INVOKAMET TAB 50-500MG	60 per 30 days	2	27996002200320
INVOKAMET TAB 50-1000	60 per 30 days	2	27996002200330
INVOKAMET TAB 150-500	60 per 30 days	2	27996002200340
INVOKAMET TAB 150-1000	60 per 30 days	2	27996002200350
INVOKAMET XR TAB 50-500MG	60 per 30 days	2	27996002207520
INVOKAMET XR TAB 50-1000	60 per 30 days	2	27996002207530
INVOKAMET XR TAB 150-500	60 per 30 days	2	27996002207540
INVOKAMET XR TAB 150-1000	60 per 30 days	2	27996002207550
INVOKANA TAB 100MG	30 per 30 days	1	27700020000320

INVOKANA TAB 300MG	30 per 30 days	1	27700020000330
KINERET INJ 100 mg / 0.67 ml	18.76 ml per 28 days	0.67	6626001000E520
KORLYM TAB	120 per 30 days	4	27304050000330
MOTPOLY XR CAP 100MG	30 per 30 days	1	72600036007020
MOTPOLY XR CAP 150MG	60 per 30 days	2	72600036007025
MOTPOLY XR CAP 200MG	60 per 30 days	2	72600036007030
MUPIROCIN 2% CREAM	30gm per 30 days	n/a	90100065203710
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 POWD PKT 100MG	360 per 30 days	12	12104560003020
NURTEC TAB 75MG ODT	18 per 30 days	n/a	67701060707220
OLUMIANT TAB 1MG	30 per 30 days	1	66603010000310
OLUMIANT TAB 2MG	30 per 30 days	1	66603010000320
OPIPZA MIS 2MG	30 per 30 days	1	59250015008205
OPIPZA MIS 5MG	30 per 30 days	1	59250015008210
OPIPZA MIS 10MG	90 per 30 days	3	59250015008220
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
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**, 6240307530D5**, 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	0.215	6240306045D520, 6240306045E520
REBIF INJ 44/0.5	12 (6 ml) per 28 days	0.215	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
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
SAXENDA INJ 18MG/3ML	5 pens per 30 days	0.50	6125205000D220
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
SOTYKTU TAB 6MG	30 per 30 days	1	90250524000320
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
SYNDROS SOL 5MG/ML	120 ml per 30 days	4	50300030002020
TADLIQ SUSP 20MG/5ML	300 ml per 30 days	10	40143080001820
TALTZ INJ 80 MG/ML	1 syringe (1 ml) per 28 days	0.04	9025055400D520; 9025055400E520
TARGRETIN 1% GEL	60 gm per 30 days	n/a	90376220004020
TOBI PODHALR CAP 28MG	224 caps per 28 days	8	07000070000120
TOBRAMYCIN NEBU SOLN 300 MG/4ML	224 per 28 days	8	07000070002530
TOBRADEX OPHTHALMIC OINTMENT	3.5gm per 5 days	n/a	86309902804220
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
VIDEX SOL 2GM	1200 ml per 30 days	40	12105015002120
VIEKIRA PAK TAB	1 pak (112) per 28 days	4	1235990460B720
VIGADRONE POW 500MG	180 per 30 days	6	72170085003020
VIRAMUNE XR TAB 100MG	90 per 30 days	3	12109050007510
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
XURIDEN POW 2GM	4 packets per day	4	30903875203020
ZEPATIER TAB 50-100MG	28 per 28 days	1	12359902300320
ZTLIDO 1.8% PATCH	90 patches per 30 days	n/a	90850060005910

NOTE: Non-formulary brand drugs not listed may have the same quantity limit as the formulary generic drug.