



# Antiretroviral Quantity Limit Program Summary

Quantity limits apply to Medicaid.

## POLICY REVIEW CYCLE

**Effective Date**  
10/1/2023

**Date of Origin**  
7/1/2015

## FDA APPROVED INDICATIONS AND DOSAGE

See package insert for FDA prescribing information: <https://dailymed.nlm.nih.gov/dailymed/index.cfm>

## POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
	Nevirapine Tab 200 MG	200 MG	60	Tablets	30	DAYS			
	Nevirapine Tab ER 24HR 100 MG	100 MG	90	Tablets	30	DAYS			
	stavudine cap	15 MG ; 20 MG ; 30 MG ; 40 MG	60	Capsules	30	DAYS			
	Zidovudine Tab 300 MG	300 MG	60	Tablets	30	DAYS			
Atripla	Efavirenz- Emtricitabine- Tenofovir DF Tab 600-200-300 MG	600- 200-300 MG	30	Tablets	30	DAYS			
Biktarvy	Bictegravir- Emtricitabine- Tenofovir AF Tab	30-120- 15 MG	30	Tablets	30	DAYS			
Biktarvy	Bictegravir- Emtricitabine- Tenofovir AF Tab 50- 200-25 MG	50-200- 25 MG	30	Tablets	30	DAYS			
Cimduo ; Temixys	Lamivudine- Tenofovir Disoproxil Fumarate Tab 300- 300 MG	300-300 MG	30	Tablets	30	DAYS			
Combivir	Lamivudine- Zidovudine Tab 150- 300 MG	150-300 MG	60	Tablets	30	DAYS			
Complera	Emtricitabine- Rilpivirine-Tenofovir DF Tab 200-25-300 MG	200-25- 300 MG	30	Tablets	30	DAYS			
Crixivan	Indinavir Sulfate Cap 400 MG	400 MG	180	Capsules	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Delstrigo	Doravirine-Lamivudine-Tenofovir DF Tab 100-300-300 MG	100-300-300 MG	30	Tablets	30	DAYS			
Descovy	Emtricitabine-Tenofovir Alafenamide Fumarate Tab	120-15 MG	30	Tablets	30	DAYS			
Descovy	Emtricitabine-Tenofovir Alafenamide Fumarate Tab 200-25 MG	200-25 MG	30	Tablets	30	DAYS			
Dovato	Dolutegravir Sodium-Lamivudine Tab 50-300 MG (Base Eq)	50-300 MG	30	Tablets	30	DAYS			
Edurant	Rilpivirine HCl Tab 25 MG (Base Equivalent)	25 MG	30	Tablets	30	DAYS			
Emtriva	Emtricitabine Caps 200 MG	200 MG	30	Capsules	30	DAYS			
Emtriva	Emtricitabine Soln 10 MG/ML	10 MG/ML	680	mL	28	DAYS			
Epivir	Lamivudine Oral Soln 10 MG/ML	10 MG/ML	960	mLs	30	DAYS			
Epivir	Lamivudine Tab 150 MG	150 MG	60	Tablets	30	DAYS			
Epivir	Lamivudine Tab 300 MG	300 MG	30	Tablets	30	DAYS			
Epzicom	Abacavir Sulfate-Lamivudine Tab 600-300 MG	600-300 MG	30	Tablets	30	DAYS			
Evotaz	Atazanavir Sulfate-Cobicistat Tab 300-150 MG (Base Equiv)	300-150 MG	30	Tablets	30	DAYS			
Fuzeon	Enfuvirtide For Inj 90 MG	90 MG	60	Vials	30	DAYS			
Genvoya	Elvitegrav-Cobic-Emtricitab-Tenofov AF Tab 150-150-200-10 MG	150-150-200-10 MG	30	Tablets	30	DAYS			
Intelence	Etravirine Tab 100 MG	100 MG	60	Tablets	30	DAYS			
Intelence	Etravirine Tab 200 MG	200 MG	60	Tablets	30	DAYS			
Intelence	Etravirine Tab 25 MG	25 MG	120	Tablets	30	DAYS			
Invirase	Saquinavir Mesylate Tab 500 MG	500 MG	120	Tablets	30	DAYS			
Isentress	Raltegravir Potassium Chew Tab 100 MG (Base Equiv)	100 MG	180	Tablets	30	DAYS			
Isentress	Raltegravir Potassium Chew Tab 25 MG (Base Equiv)	25 MG	180	Tablets	30	DAYS			
Isentress	Raltegravir Potassium Packet For Susp 100 MG (Base Equiv)	100 MG	60	Packets	30	DAYS			
Isentress	Raltegravir Potassium Tab 400 MG (Base Equiv)	400 MG	60	Tablets	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Isentress hd	Raltegravir Potassium Tab 600 MG (Base Equiv)	600 MG	60	Tablets	30	DAYS			
Juluca	Dolutegravir Sodium-Rilpivirine HCl Tab 50-25 MG (Base Eq)	50-25 MG	30	Tablets	30	DAYS			
Kaletra	Lopinavir-Ritonavir Soln 400-100 MG/5ML (80-20 MG/ML)	400-100 MG/5ML	480	mLs	30	DAYS			
Kaletra	Lopinavir-Ritonavir Tab 100-25 MG	100-25 MG	180	Tablets	30	DAYS			
Kaletra	Lopinavir-Ritonavir Tab 200-50 MG	200-50 MG	120	Tablets	30	DAYS			
Lexiva	Fosamprenavir Calcium Susp 50 MG/ML (Base Equiv)	50 MG/ML	1800	mLs	30	DAYS			
Lexiva	Fosamprenavir Calcium Tab 700 MG (Base Equiv)	700 MG	120	Tablets	30	DAYS			
Norvir	Ritonavir Oral Soln 80 MG/ML	80 MG/ML	480	mLs	30	DAYS			
Norvir	Ritonavir Powder Packet 100 MG	100 MG	360	Packets	30	DAYS			
Norvir	Ritonavir Tab 100 MG	100 MG	360	Tablets	30	DAYS			
Odefsey	Emtricitabine-Rilpivirine-Tenofovir AF Tab 200-25-25 MG	200-25-25 MG	30	Tablets	30	DAYS			
Pifeltro	Doravirine Tab 100 MG	100 MG	30	Tablets	30	DAYS			
Prezcobix	Darunavir-Cobicistat Tab 800-150 MG	800-150 MG	30	Tablets	30	DAYS			
Prezista	Darunavir Oral Susp	100 MG/ML	400	mLs	30	DAYS			
Prezista	Darunavir Tab	75 MG	300	Tablets	30	DAYS			
Prezista	Darunavir Tab	150 MG	180	Tablets	30	DAYS			
Prezista	Darunavir Tab	600 MG	60	Tablets	30	DAYS			
Prezista	Darunavir Tab	800 MG	30	Tablets	30	DAYS			
Retrovir	Zidovudine Cap 100 MG	100 MG	180	Capsules	30	DAYS			
Retrovir	Zidovudine Syrup 10 MG/ML	50 MG/5ML	1920	mLs	30	DAYS			
Reyataz	Atazanavir Sulfate Cap 150 MG (Base Equiv)	150 MG	30	Capsules	30	DAYS			
Reyataz	Atazanavir Sulfate Cap 200 MG (Base Equiv)	200 MG	60	Capsules	30	DAYS			
Reyataz	Atazanavir Sulfate Cap 300 MG (Base Equiv)	300 MG	30	Capsules	30	DAYS			
Reyataz	Atazanavir Sulfate Oral Powder Packet 50 MG (Base Equiv)	50 MG	240	Packets	30	DAYS			
Rukobia	Fostemsavir Tromethamine Tab ER 12HR 600 MG	600 MG	60	Tablets	60	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Selzentry	Maraviroc Oral Soln 20 MG/ML	20 MG/ML	1840	mLs	30	DAYS			
Selzentry	Maraviroc Tab 150 MG	150 MG	60	Tablets	30	DAYS			
Selzentry	Maraviroc Tab 25 MG	25 MG	240	Tablets	30	DAYS			
Selzentry	Maraviroc Tab 300 MG	300 MG	120	Tablets	30	DAYS			
Selzentry	Maraviroc Tab 75 MG	75 MG	60	Tablets	30	DAYS			
Stribild	Elvitegrav-Cobic-Emtricitab-TenofovirDF Tab 150-150-200-300 MG	150-150-200-300 MG	30	Tablets	30	DAYS			
Sunlenca	Lenacapavir Sodium Tab Therapy Pack	300 MG	4	Tablets	365	DAYS			
Sustiva	Efavirenz Cap 200 MG	200 MG	60	Capsules	30	DAYS			
Sustiva	Efavirenz Cap 50 MG	50 MG	90	Capsules	30	DAYS			
Sustiva	Efavirenz Tab 600 MG	600 MG	30	Tablets	30	DAYS			
Symfi	Efavirenz-Lamivudine-Tenofovir DF Tab 600-300-300 MG	600-300-300 MG	30	Tablets	30	DAYS			
Symfi lo	Efavirenz-Lamivudine-Tenofovir DF Tab 400-300-300 MG	400-300-300 MG	30	Tablets	30	DAYS			
Symtuza	Darunavir-Cobic-Emtricitab-Tenofovir AF Tab 800-150-200-10 MG	800-150-200-10 MG	30	Tablets	30	DAYS			
Tivicay	Dolutegravir Sodium Tab 10 MG (Base Equiv)	10 MG	240	Tablets	30	DAYS			
Tivicay	Dolutegravir Sodium Tab 25 MG (Base Equiv)	25 MG	60	Tablets	30	DAYS			
Tivicay	Dolutegravir Sodium Tab 50 MG (Base Equiv)	50 MG	60	Tablets	30	DAYS			
Tivicay pd	Dolutegravir Sodium Tab for Oral Susp 5 MG (Base Equiv)	5 MG	360	Tablets	30	DAYS			
Triumeq	Abacavir-Dolutegravir-Lamivudine Tab 600-50-300 MG	600-50-300 MG	30	Tablets	30	DAYS			
Triumeq pd	Abacavir-Dolutegravir-Lamivudine Tab for Oral Sus	60-5-30 MG	180	Tablets	30	DAYS			
Trizivir	Abacavir Sulfate-Lamivudine-Zidovudine Tab 300-150-300 MG	300-150-300 MG	60	Tablets	30	DAYS			
Truvada	Emtricitabine-Tenofovir Disoproxil Fumarate Tab 100-150 MG	100-150 MG	30	Tablets	30	DAYS			
Truvada	Emtricitabine-Tenofovir Disoproxil	133-200 MG	30	Tablets	30	DAYS			

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
	Fumarate Tab 133-200 MG								
Truvada	Emtricitabine-Tenofovir Disoproxil Fumarate Tab 167-250 MG	167-250 MG	30	Tablets	30	DAYS			
Truvada	Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300 MG	200-300 MG	30	Tablets	30	DAYS			
Tybost	Cobicistat Tab 150 MG	150 MG	30	Tablets	30	DAYS			
Viracept	Nelfinavir Mesylate Tab 250 MG	250 MG	270	Tablets	30	DAYS			
Viracept	Nelfinavir Mesylate Tab 625 MG	625 MG	120	Tablets	30	DAYS			
Viramune	Nevirapine Susp 50 MG/5ML	50 MG/5ML	1200	mLs	30	DAYS			
Viramune xr	Nevirapine Tab ER 24HR 400 MG	400 MG	30	Tablets	30	DAYS			
Viread	Tenofovir Disoproxil Fumarate Oral Powder 40 MG/GM	40 MG/GM	240	Grams	30	DAYS			
Viread	tenofovir disoproxil fumarate tab	150 MG ; 200 MG ; 250 MG ; 300 MG	30	Tablets	30	DAYS			
Ziagen	Abacavir Sulfate Soln 20 MG/ML (Base Equiv)	20 MG/ML	960	mLs	30	DAYS			
Ziagen	Abacavir Sulfate Tab 300 MG (Base Equiv)	300 MG	60	Tablets	30	DAYS			

## CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	Nevirapine Tab 200 MG	200 MG	Medicaid
	Nevirapine Tab ER 24HR 100 MG	100 MG	Medicaid
	stavudine cap	15 MG ; 20 MG ; 30 MG ; 40 MG	Medicaid
	Zidovudine Tab 300 MG	300 MG	Medicaid
Atripla	Efavirenz-Emtricitabine-Tenofovir DF Tab 600-200-300 MG	600-200-300 MG	Medicaid
Biktarvy	Bictegravir-Emtricitabine-Tenofovir AF Tab	30-120-15 MG	Medicaid
Biktarvy	Bictegravir-Emtricitabine-Tenofovir AF Tab 50-200-25 MG	50-200-25 MG	Medicaid
Cimduo ; Temixys	Lamivudine-Tenofovir Disoproxil Fumarate Tab 300-300 MG	300-300 MG	Medicaid
Combivir	Lamivudine-Zidovudine Tab 150-300 MG	150-300 MG	Medicaid
Complera	Emtricitabine-Rilpivirine-Tenofovir DF Tab 200-25-300 MG	200-25-300 MG	Medicaid
Crixivan	Indinavir Sulfate Cap 400 MG	400 MG	Medicaid
Delstrigo	Doravirine-Lamivudine-Tenofovir DF Tab 100-300-300 MG	100-300-300 MG	Medicaid
Descovy	Emtricitabine-Tenofovir Alafenamide Fumarate Tab	120-15 MG	Medicaid

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Descovy	Emtricitabine-Tenofovir Alafenamide Fumarate Tab 200-25 MG	200-25 MG	Medicaid
Dovato	Dolutegravir Sodium-Lamivudine Tab 50-300 MG (Base Eq)	50-300 MG	Medicaid
Edurant	Rilpivirine HCl Tab 25 MG (Base Equivalent)	25 MG	Medicaid
Emtriva	Emtricitabine Caps 200 MG	200 MG	Medicaid
Emtriva	Emtricitabine Soln 10 MG/ML	10 MG/ML	Medicaid
Epivir	Lamivudine Oral Soln 10 MG/ML	10 MG/ML	Medicaid
Epivir	Lamivudine Tab 150 MG	150 MG	Medicaid
Epivir	Lamivudine Tab 300 MG	300 MG	Medicaid
Epzicom	Abacavir Sulfate-Lamivudine Tab 600-300 MG	600-300 MG	Medicaid
Evotaz	Atazanavir Sulfate-Cobicistat Tab 300-150 MG (Base Equiv)	300-150 MG	Medicaid
Fuzeon	Enfuvirtide For Inj 90 MG	90 MG	Medicaid
Genvoya	Elvitegrav-Cobic-Emtricitab-Tenofov AF Tab 150-150-200-10 MG	150-150-200-10 MG	Medicaid
Intelence	Etravirine Tab 100 MG	100 MG	Medicaid
Intelence	Etravirine Tab 200 MG	200 MG	Medicaid
Intelence	Etravirine Tab 25 MG	25 MG	Medicaid
Invirase	Saquinavir Mesylate Tab 500 MG	500 MG	Medicaid
Isentress	Raltegravir Potassium Chew Tab 100 MG (Base Equiv)	100 MG	Medicaid
Isentress	Raltegravir Potassium Chew Tab 25 MG (Base Equiv)	25 MG	Medicaid
Isentress	Raltegravir Potassium Packet For Susp 100 MG (Base Equiv)	100 MG	Medicaid
Isentress	Raltegravir Potassium Tab 400 MG (Base Equiv)	400 MG	Medicaid
Isentress hd	Raltegravir Potassium Tab 600 MG (Base Equiv)	600 MG	Medicaid
Juluca	Dolutegravir Sodium-Rilpivirine HCl Tab 50-25 MG (Base Eq)	50-25 MG	Medicaid
Kaletra	Lopinavir-Ritonavir Soln 400-100 MG/5ML (80-20 MG/ML)	400-100 MG/5ML	Medicaid
Kaletra	Lopinavir-Ritonavir Tab 100-25 MG	100-25 MG	Medicaid
Kaletra	Lopinavir-Ritonavir Tab 200-50 MG	200-50 MG	Medicaid
Lexiva	Fosamprenavir Calcium Susp 50 MG/ML (Base Equiv)	50 MG/ML	Medicaid
Lexiva	Fosamprenavir Calcium Tab 700 MG (Base Equiv)	700 MG	Medicaid
Norvir	Ritonavir Oral Soln 80 MG/ML	80 MG/ML	Medicaid
Norvir	Ritonavir Powder Packet 100 MG	100 MG	Medicaid
Norvir	Ritonavir Tab 100 MG	100 MG	Medicaid
Odefsey	Emtricitabine-Rilpivirine-Tenofovir AF Tab 200-25-25 MG	200-25-25 MG	Medicaid
Pifeltro	Doravirine Tab 100 MG	100 MG	Medicaid
Prezcobix	Darunavir-Cobicistat Tab 800-150 MG	800-150 MG	Medicaid
Prezista	Darunavir Oral Susp	100 MG/ML	Medicaid
Prezista	Darunavir Tab	600 MG	Medicaid
Prezista	Darunavir Tab	800 MG	Medicaid
Prezista	Darunavir Tab	75 MG	Medicaid
Prezista	Darunavir Tab	150 MG	Medicaid
Retrovir	Zidovudine Cap 100 MG	100 MG	Medicaid
Retrovir	Zidovudine Syrup 10 MG/ML	50 MG/5ML	Medicaid
Reyataz	Atazanavir Sulfate Cap 150 MG (Base Equiv)	150 MG	Medicaid

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Reyataz	Atazanavir Sulfate Cap 200 MG (Base Equiv)	200 MG	Medicaid
Reyataz	Atazanavir Sulfate Cap 300 MG (Base Equiv)	300 MG	Medicaid
Reyataz	Atazanavir Sulfate Oral Powder Packet 50 MG (Base Equiv)	50 MG	Medicaid
Rukobia	Fostemsavir Tromethamine Tab ER 12HR 600 MG	600 MG	Medicaid
Selzentry	Maraviroc Oral Soln 20 MG/ML	20 MG/ML	Medicaid
Selzentry	Maraviroc Tab 150 MG	150 MG	Medicaid
Selzentry	Maraviroc Tab 25 MG	25 MG	Medicaid
Selzentry	Maraviroc Tab 300 MG	300 MG	Medicaid
Selzentry	Maraviroc Tab 75 MG	75 MG	Medicaid
Stribild	Elvitegrav-Cobic-Emtricitab-TenofovirDF Tab 150-150-200-300 MG	150-150-200-300 MG	Medicaid
Sunlenca	Lenacapavir Sodium Tab Therapy Pack	300 MG	Medicaid
Sustiva	Efavirenz Cap 200 MG	200 MG	Medicaid
Sustiva	Efavirenz Cap 50 MG	50 MG	Medicaid
Sustiva	Efavirenz Tab 600 MG	600 MG	Medicaid
Symfi	Efavirenz-Lamivudine-Tenofovir DF Tab 600-300-300 MG	600-300-300 MG	Medicaid
Symfi lo	Efavirenz-Lamivudine-Tenofovir DF Tab 400-300-300 MG	400-300-300 MG	Medicaid
Symtuza	Darunavir-Cobic-Emtricitab-Tenofovir AF Tab 800-150-200-10 MG	800-150-200-10 MG	Medicaid
Tivicay	Dolutegravir Sodium Tab 10 MG (Base Equiv)	10 MG	Medicaid
Tivicay	Dolutegravir Sodium Tab 25 MG (Base Equiv)	25 MG	Medicaid
Tivicay	Dolutegravir Sodium Tab 50 MG (Base Equiv)	50 MG	Medicaid
Tivicay pd	Dolutegravir Sodium Tab for Oral Susp 5 MG (Base Equiv)	5 MG	Medicaid
Triumeq	Abacavir-Dolutegravir-Lamivudine Tab 600-50-300 MG	600-50-300 MG	Medicaid
Triumeq pd	Abacavir-Dolutegravir-Lamivudine Tab for Oral Sus	60-5-30 MG	Medicaid
Trizivir	Abacavir Sulfate-Lamivudine-Zidovudine Tab 300-150-300 MG	300-150-300 MG	Medicaid
Truvada	Emtricitabine-Tenofovir Disoproxil Fumarate Tab 100-150 MG	100-150 MG	Medicaid
Truvada	Emtricitabine-Tenofovir Disoproxil Fumarate Tab 133-200 MG	133-200 MG	Medicaid
Truvada	Emtricitabine-Tenofovir Disoproxil Fumarate Tab 167-250 MG	167-250 MG	Medicaid
Truvada	Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300 MG	200-300 MG	Medicaid
Tybost	Cobicistat Tab 150 MG	150 MG	Medicaid
Viracept	Nelfinavir Mesylate Tab 250 MG	250 MG	Medicaid
Viracept	Nelfinavir Mesylate Tab 625 MG	625 MG	Medicaid
Viramune	Nevirapine Susp 50 MG/5ML	50 MG/5ML	Medicaid
Viramune xr	Nevirapine Tab ER 24HR 400 MG	400 MG	Medicaid
Viread	Tenofovir Disoproxil Fumarate Oral Powder 40 MG/GM	40 MG/GM	Medicaid
Viread	tenofovir disoproxil fumarate tab	150 MG ; 200 MG ; 250 MG ; 300 MG	Medicaid
Ziagen	Abacavir Sulfate Soln 20 MG/ML (Base Equiv)	20 MG/ML	Medicaid
Ziagen	Abacavir Sulfate Tab 300 MG (Base Equiv)	300 MG	Medicaid

## QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
	<p><b>Quantity limit for the Target Agent(s)</b> will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"><li>1. The requested quantity (dose) does NOT exceed the program quantity limit <b>OR</b></li><li>2. The requested quantity (dose) is greater than the program quantity limit AND ONE of the following:<ol style="list-style-type: none"><li>A. BOTH of the following:<ol style="list-style-type: none"><li>1. The requested agent does NOT have a maximum FDA labeled dose for the requested indication <b>AND</b></li><li>2. Information has been provided to support therapy with a higher dose for the requested indication <b>OR</b></li></ol></li><li>B. BOTH of the following:<ol style="list-style-type: none"><li>1. The requested quantity (dose) does NOT exceed the maximum FDA labeled dose for the requested indication <b>AND</b></li><li>2. Information has been provided to support why the requested quantity (dose) cannot be achieved with a lower quantity of a higher strength that does NOT exceed the program quantity limit <b>OR</b></li></ol></li><li>C. BOTH of the following:<ol style="list-style-type: none"><li>1. The requested quantity (dose) is greater than the maximum FDA labeled dose for the requested indication <b>AND</b></li><li>2. Information has been provided to support therapy with a higher dose for the requested indication</li></ol></li></ol></li></ol> <p><b>Length of approval:</b> up to 12 months</p>