



## Non-Formulary Quantity Limit Program

Fallon Health utilizes a Non-Formulary Quantity Limit (NF+QL) program for Fallon Medicare Plus and Fallon Medicare Plus Premier Medicare Advantage plans. The limits follow safety-based quantity limits on FDA-approved drugs that are not included on our formulary.

A formulary exception will be required to obtain any non-formulary drug. The non-formulary drugs listed below will be subject to the quantity limit indicated. If the prescribed quantity exceeds the limit, a utilization restriction exception will also be required. Both types of exceptions follow the standard Medicare exception process.

For member information on submitting an exception, please visit the “Prescription drug Q&A” in the “Covered medications” section of [www.fallonhealth.org/medicare](http://www.fallonhealth.org/medicare). For provider information on submitting an exception, please visit: <http://www.fchp.org/providers/pharmacy/pharmacy-prior-authorization.aspx>.

Some of these drugs may have other special requirements for Fallon to cover them. These are noted in the Requirements/Limits column.

Non-formulary drugs subject to the quantity limit for Fallon Medicare Plus Medicare Advantage plans		
Brand Name	Generic Name	Daily Quantity Limit
ADCIRCA TAB 20MG	For generic and <i>alyq</i> , see chart below <sup>1</sup>	2
AMBIEN TAB 10MG	For generic, see chart below <sup>2</sup>	1
CLOBEX LOTION 0.05%	<i>clobetasol propionate lotion 0.05%</i>	8.43
CLOBEX SHAMPOO 0.05%	<i>clobetasol propionate shampoo 0.05%</i>	8.43
CLOBEX SPRAY 0.05%	<i>clobetasol propionate spray 0.05%</i>	8.43
FORTAMET ER 24HR 1000MG	<i>metformin hcl tab er 24hr osmotic 1000 mg</i>	2
FORTAMET ER 24HR 500MG	<i>metformin hcl tab er 24hr osmotic 500 mg</i>	4
GLUMETZA ER 24HR 1000MG	<i>metformin hcl tab er 24hr modified release 1000 mg</i>	2
GLUMETZA ER 24HR 500MG	<i>metformin hcl tab er 24hr modified release 500 mg</i>	4
IMPOYZ CREAM 0.025%	<i>clobetasol propionate cream 0.025%</i>	8.58
OLUX FOAM 0.05%	<i>clobetasol propionate foam 0.05%</i>	7.15
OLUX-E FOAM 0.05%	<i>clobetasol propionate emulsion foam 0.05%</i>	7.15
PROVIGIL TAB 200MG	For generic, see chart below <sup>3</sup>	2
REVATIO TAB 20MG	For generic, see chart below <sup>4</sup>	3
ROZEREM TAB 8MG	For generic, see chart below <sup>5</sup>	1
TEMOVATE CREAM 0.05%	For generic, see chart below <sup>6</sup>	8.58
TEMOVATE OINT 0.05%	For generic, see chart below <sup>7</sup>	8.58
XENAZINE TAB 12.5MG	For generic, see chart below <sup>8</sup>	8
XENAZINE TAB 25MG	For generic, see chart below <sup>9</sup>	4

ZEGERID CAP 20-1100MG	<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	1
ZEGERID CAP 40-1100MG	<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	1
ZEGERID POWD PACK FOR SUSP 20-1680 MG	<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	1
ZEGERID POWD PACK FOR SUSP 40-1680 MG	<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	1
ZONALON and PRUDOXIN CREAM 5%	For generic, see chart below <sup>10</sup>	45g per 23 days

<b>Select Generics for Fallon Medicare Plus Medicare Advantage plans</b>	
<b>Generic Name</b>	<b>Requirements/Limits</b>
<sup>1</sup> <i>tadalafil tab 20 mg (pah), alyq tab 20mg</i>	Prior Authorization required, no Quantity Limit
<sup>2</sup> <i>zolpidem tartrate tab 10 mg</i>	Prior Authorization required, Quantity Limit = 1/day
<sup>3</sup> <i>modafinil tab 200 mg</i>	Prior Authorization required, Quantity Limit = 1/day
<sup>4</sup> <i>sildenafil citrate tab 20 mg</i>	Prior Authorization required, no Quantity Limit
<sup>5</sup> <i>ramelteon tab 8 mg</i>	No Quantity Limit
<sup>6</sup> <i>clobetasol propionate cream 0.05%</i>	Quantity Limit = 2/day
<sup>7</sup> <i>clobetasol propionate oint 0.05%</i>	Quantity Limit = 2/day
<sup>8</sup> <i>tetrabenazine tab 12.5 mg</i>	Prior Authorization required, no Quantity Limit
<sup>9</sup> <i>tetrabenazine tab 25 mg</i>	Prior Authorization required, no Quantity Limit
<sup>10</sup> <i>doxepin hcl cream 5%</i>	Quantity Limit = 3/day

<b>Non-formulary drugs subject to the quantity limit for Fallon Medicare Plus Premier Medicare Advantage plans</b>		
<b>Brand name</b>	<b>Generic name</b>	<b>Daily Quantity Limit</b>
ADCIRCA TAB 20MG	For generic, including alyq, see chart below <sup>1</sup>	2
AMBIEN TAB 10MG	For generic, see chart below <sup>2</sup>	1
CLOBEX LOTION 0.05%	For generic, see chart below <sup>3</sup>	8.43
CLOBEX SHAMPOO 0.05%	For generic, see chart below <sup>4</sup>	8.43
CLOBEX SPRAY 0.05%	For generic, see chart below <sup>5</sup>	8.43
FORTAMET ER 24HR 1000MG	<i>metformin hcl tab er 24hr osmotic 1000 mg</i>	2
FORTAMET ER 24HR 500MG	<i>metformin hcl tab er 24hr osmotic 500 mg</i>	4
GLUMETZA ER 24HR 1000MG	<i>metformin hcl tab er 24hr modified release 1000 mg</i>	2
GLUMETZA ER 24HR 500MG	<i>metformin hcl tab er 24hr modified release 500 mg</i>	4
IMPOYZ CREAM 0.025%	<i>clobetasol propionate cream 0.025%</i>	8.58
OLUX FOAM 0.05%	For generic, see chart below <sup>6</sup>	7.15

OLUX-E and TROVET FOAM 0.05%	For generic, see chart below <sup>7</sup>	7.15
PROVIGIL TAB 200MG	For generic, see chart below <sup>8</sup>	2
REVATIO TAB 20MG	For generic, see chart below <sup>9</sup>	3
TEMOVATE CREAM 0.05%	For generic, see chart below <sup>10</sup>	8.58
TEMOVATE OINT 0.05%	For generic, see chart below <sup>11</sup>	8.58
XENAZINE TAB 12.5MG	For generic, see chart below <sup>12</sup>	8
XENAZINE TAB 25MG	For generic, see chart below <sup>13</sup>	4
ZEGERID CAP 20-1100MG	<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	1
ZEGERID CAP 40-1100MG	<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	1
ZEGERID POWD PACK FOR SUSP 20-1680 MG	<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	1
ZEGERID POWD PACK FOR SUSP 40-1680 MG	<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	1
ZONALON and PRUDOXIN CREAM 5%	For generic, see chart below <sup>14</sup>	45gm per 23 days

Select Generics for Fallon Medicare Plus Premier Medicare Advantage plans	
Generic Name	Requirements/Limits
<sup>1</sup> <i>tadalafil tab 20 mg (pah), alyq tab 20mg</i>	Prior Authorization required, no Quantity Limit
<sup>2</sup> <i>zolpidem tartrate tab 10 mg</i>	Prior Authorization required, Quantity Limit = 1/day
<sup>3</sup> <i>clobetasol propionate lotion 0.05%</i>	Quantity Limit = 3.93/day
<sup>4</sup> <i>clobetasol propionate shampoo 0.05%</i>	Quantity Limit = 3.93/day
<sup>5</sup> <i>clobetasol propionate spray 0.05%</i>	Quantity Limit = 4.16/day
<sup>6</sup> <i>clobetasol propionate foam 0.05%</i>	Quantity Limit = 3.33/day, Step Therapy applies
<sup>7</sup> <i>clobetasol propionate emulsion foam 0.05%</i>	Quantity Limit = 3.33/day, Step Therapy applies
<sup>8</sup> <i>modafinil tab 200 mg</i>	Prior Authorization required, Quantity Limit = 1/day
<sup>9</sup> <i>sildenafil citrate tab 20 mg</i>	Prior Authorization required, no Quantity Limit
<sup>10</sup> <i>clobetasol propionate cream 0.05%</i>	Quantity Limit = 2/day
<sup>11</sup> <i>clobetasol propionate oint 0.05%</i>	Quantity limit = 2/day
<sup>12</sup> <i>tetrabenazine tab 12.5 mg</i>	Prior Authorization required, no Quantity Limit
<sup>13</sup> <i>tetrabenazine tab 25 mg</i>	Prior Authorization required, no Quantity Limit
<sup>14</sup> <i>doxepin hcl cream 5%</i>	Quantity Limit = 3/day

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