



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 U.S. Food & Drug Administration-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. For provider information on submitting an exception, please visit: www.fchp.org/providers/pharmacy/pharmacy-prior-authorization.aspx.

Some of the formulary generic drugs may have other special requirements for Fallon to cover them. These are noted in the Requirements/Limits column of the relevant charts below.

Non-formulary drugs subject to the quantity limit for Fallon Medicare Plus Medicare Advantage plans		
Drug Name	Generic Name	Daily Quantity Limit
ADCIRCA TAB 20MG	For generic and <i>alyq</i> , see chart below ¹	2
AMBIEN CR TAB 12.5MG	For generic, see chart below ²	1
AMBIEN CR TAB 6.25MG	For generic, see chart below ³	1
AMBIEN TAB 10MG	For generic, see chart below ⁴	1
AMBIEN TAB 5MG	For generic, see chart below ⁵	1
ANDRODERM DIS 2MG/24HR	<i>testosterone td patch 24hr 2 mg/24hr</i>	1
ANDRODERM DIS 4MG/24HR	<i>testosterone td patch 24hr 4 mg/24hr</i>	1
ANDROGEL GEL 1%(25MG)	<i>testosterone gel 1%(25mg)</i>	10
ANDROGEL GEL 1.62%	<i>testosterone gel 1.62%</i>	5
ANDROGEL, TESTIM, and VOGELXO GEL 1%(50MG)	For generic, see chart below ⁶	10
CLOBEX and <i>clodan</i> SHAMPOO 0.05%	For generic, see chart below ⁷	8.43
CLOBEX LOTION 0.05%	For generic, see chart below ⁸	8.43
CLOBEX SPRAY 0.05%	<i>clobetasol propionate spray 0.05%</i>	8.43
EDLUAR SUB 10MG	<i>zolpidem tartrate sl tab 10 mg</i>	1
EDLUAR SUB 5MG	<i>zolpidem tartrate sl tab 5 mg</i>	1
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

FORTESTA GEL 10MG/ACT	For generic, see chart below ⁹	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
INTERMEZZO SUB 1.75MG	For generic, see chart below ¹⁰	1
LUNESTA TAB 1MG	For generic, see chart below ¹¹	1
LUNESTA TAB 2MG	For generic, see chart below ¹²	1
LUNESTA TAB 3MG	For generic, see chart below ¹³	1
NUVIGIL TAB 150MG	<i>armodafinil tab 150mg</i>	1
NUVIGIL TAB 200MG	<i>armodafinil tab 200mg</i>	1
NUVIGIL TAB 250MG	<i>armodafinil tab 250mg</i>	1
NUVIGIL TAB 50MG	<i>armodafinil tab 50mg</i>	3
OLUX FOAM 0.05%	For generic, see chart below ¹⁴	7.15
OLUX-E and <i>tovet</i> FOAM 0.05%	For generic, see chart below ¹⁵	7.15
PROVIGIL TAB 100MG	For generic, see chart below ¹⁶	1
PROVIGIL TAB 200MG	For generic, see chart below ¹⁷	2
REVATIO TAB 20MG	For generic, see chart below ¹⁸	3
ROZEREM TAB 8MG	For generic, see chart below ¹⁹	1
<i>testosterone sol 30mg/act</i>	<i>testosterone sol 30mg/act</i>	6
VOGELXO GEL PUMP 1%	<i>testosterone gel pump 1%</i>	10
XENAZINE TAB 12.5MG	For generic, see chart below ²⁰	3
XENAZINE TAB 25MG	For generic, see chart below ²¹	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 ²²	45g per 23 days
ZOVIRAX CRE 5%	<i>acyclovir cre 5%</i>	0.17
ZOVIRAX OIN 5%	For generic, see chart below ²³	1

Select Formulary Generics for Fallon Medicare Plus Medicare Advantage plans	
Generic Name	Requirements/Limits
¹ tadalafil tab 20 mg (pah), alyq tab 20mg	Prior Authorization required, no Quantity Limit
² zolpidem er tab 12.5mg	Prior Authorization required, Quantity Limit = 1/day
³ zolpidem er tab 6.25mg	Prior Authorization required, Quantity Limit = 1/day
⁴ zolpidem tartrate tab 10 mg	Prior Authorization required, Quantity Limit = 1/day
⁵ zolpidem tab 5mg	Prior Authorization required, Quantity Limit = 1/day
⁶ testosterone gel 1%(50mg)	Prior Authorization required, no Quantity Limit
⁷ clobetasol propionate shampoo 0.05%	No Quantity Limit
⁸ clobetasol propionate lotion 0.05%	No Quantity Limit
⁹ testosterone gel 10mg/act	Prior Authorization required, no Quantity Limit
¹⁰ zolpidem tar sub 1.75mg	Prior Authorization required, no Quantity Limit
¹¹ eszopiclone tab 1mg	Prior Authorization required, Quantity Limit = 1/day
¹² eszopiclone tab 2mg	Prior Authorization required, Quantity Limit = 1/day
¹³ eszopiclone tab 3mg	Prior Authorization required, Quantity Limit = 1/day
¹⁴ clobetasol propionate foam 0.05%	No Quantity Limit
¹⁵ clobetasol propionate emulsion foam 0.05%	No Quantity Limit
¹⁶ modafinil tab 100mg	Prior Authorization required, Quantity Limit = 1/day
¹⁷ modafinil tab 200 mg	Prior Authorization required, Quantity Limit = 1/day
¹⁸ sildenafil citrate tab 20 mg	Prior Authorization required, no Quantity Limit
¹⁹ ramelteon tab 8 mg	Quantity Limit = 1/day
²⁰ tetrabenazine tab 12.5 mg	Prior Authorization required, no Quantity Limit
²¹ tetrabenazine tab 25 mg	Prior Authorization required, no Quantity Limit
²² doxepin hcl cream 5%	Quantity Limit = 3/day
²³ acyclovir oin 5%	Quantity Limit = 15 gm/14 days

Non-formulary drugs subject to the quantity limit for Fallon Medicare Plus Premier Medicare Advantage plans		
Drug Name	Generic Name	Daily Quantity Limit
ADCIRCA TAB 20MG	For generic, including alyq, see chart below ¹	2
AMBIEN CR TAB 12.5MG	For generic, see chart below ²	1
AMBIEN CR TAB 6.25MG	For generic, see chart below ³	1
AMBIEN TAB 10MG	For generic, see chart below ⁴	1
AMBIEN TAB 5MG	For generic, see chart below ⁵	1
ANDROGEL GEL 1% (25MG)	For generic, see chart below ⁶	10

ANDROGEL GEL 20.25 MG/1.25GM (1.62%)	testosterone td gel 20.25 mg/1.25gm (1.62%)	5
ANDROGEL GEL 40.5 MG/2.5GM (1.62%)	For generic, see chart below ⁷	5
ANDROGEL, TESTIM, and VOGELXO GEL 1%(50MG)	For generic, see chart below ⁸	10
CLOBEX and <i>clodan</i> SHAMPOO 0.05%	For generic, see chart below ⁹	8.43
CLOBEX LOTION 0.05%	For generic, see chart below ¹⁰	8.43
CLOBEX SPRAY 0.05%	For generic, see chart below ¹¹	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
FORTESTA GEL 10MG/ACT	For generic, see chart below ¹²	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
INTERMEZZO SUB 1.75MG	For generic, see chart below ¹³	1
LUNESTA TAB 1MG	For generic, see chart below ¹⁴	1
LUNESTA TAB 2MG	For generic, see chart below ¹⁵	1
LUNESTA TAB 3MG	For generic, see chart below ¹⁶	1
NUVIGIL TAB 150MG	For generic, see chart below ¹⁷	1
NUVIGIL TAB 200MG	For generic, see chart below ¹⁸	1
NUVIGIL TAB 250MG	For generic, see chart below ¹⁹	1
NUVIGIL TAB 50MG	For generic, see chart below ²⁰	3
OLUX FOAM 0.05%	For generic, see chart below ²¹	7.15
OLUX-E and <i>tovet</i> FOAM 0.05%	For generic, see chart below ²²	7.15
PROVIGIL TAB 100MG	For generic, see chart below ²³	1
PROVIGIL TAB 200MG	For generic, see chart below ²⁴	2
REVATIO TAB 20MG	For generic, see chart below ²⁵	3
ROZEREM TAB 8MG	For generic, see chart below ²⁶	1
VOGELXO GEL PUMP 1%	For generic, see chart below ²⁷	10
XENAZINE TAB 12.5MG	For generic, see chart below ²⁸	3
XENAZINE TAB 25MG	For generic, see chart below ²⁹	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 CREAM 5%	For generic and PRUDOXIN, see chart below ³⁰	45gm per 23 days
ZOVIRAX CRE 5%	For generic, see chart below ³¹	0.17
ZOVIRAX OIN 5%	For generic, see chart below ³²	1

Select Formulary Drugs for Fallon Medicare Plus Premier Medicare Advantage plans	
Drug Name	Requirements/Limits
¹ <i>tadalafil tab 20 mg (pah), alyq tab 20mg</i>	Prior Authorization required, no Quantity Limit
² <i>zolpidem er tab 12.5mg</i>	Prior Authorization required, Quantity Limit = 1/day
³ <i>zolpidem er tab 6.25mg</i>	Prior Authorization required, Quantity Limit = 1/day
⁴ <i>zolpidem tartrate tab 10 mg</i>	Prior Authorization required, Quantity Limit = 1/day
⁵ <i>zolpidem tab 5mg</i>	Prior Authorization required, Quantity Limit = 1/day
⁶ <i>testosterone gel 1%(25mg)</i>	No Quantity Limit
⁷ <i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	No Quantity Limit
⁸ <i>testosterone gel 1%(50mg)</i>	No Quantity Limit
⁹ <i>clobetasol propionate shampoo 0.05%</i>	No Quantity Limit
¹⁰ <i>clobetasol propionate lotion 0.05%</i>	No Quantity Limit
¹¹ <i>clobetasol propionate spray 0.05%</i>	Quantity Limit = 4.16/day
¹² <i>testosterone gel 10mg/act</i>	No Quantity Limit
¹³ <i>zolpidem tar sub 1.75mg</i>	Prior Authorization required, no Quantity Limit
¹⁴ <i>eszopiclone tab 1mg</i>	Prior Authorization required, Quantity Limit = 1/day
¹⁵ <i>eszopiclone tab 2mg</i>	Prior Authorization required, Quantity Limit = 1/day
¹⁶ <i>eszopiclone tab 3mg</i>	Prior Authorization required, Quantity Limit = 1/day
¹⁷ <i>armodafinil tab 150mg</i>	Prior Authorization required, no Quantity Limit
¹⁸ <i>armodafinil tab 200mg</i>	Prior Authorization required, no Quantity Limit
¹⁹ <i>armodafinil tab 250mg</i>	Prior Authorization required, no Quantity Limit
²⁰ <i>armodafinil tab 50mg</i>	Prior Authorization required, no Quantity Limit
²¹ <i>clobetasol propionate foam 0.05%</i>	No Quantity Limit
²² <i>clobetasol propionate emulsion foam 0.05%</i>	No Quantity Limit
²³ <i>modafinil tab 100mg</i>	Prior Authorization required, Quantity Limit = 1/day
²⁴ <i>modafinil tab 200 mg</i>	Prior Authorization required, Quantity Limit = 1/day
²⁵ <i>sildenafil citrate tab 20 mg</i>	Prior Authorization required, no Quantity Limit
²⁶ <i>ramelteon tab 8 mg</i>	Quantity Limit = 1/day

²⁷ <i>testosterone gel pump 1%</i>	No Quantity Limit
²⁸ <i>tetrabenazine tab 12.5 mg</i>	Prior Authorization required, no Quantity Limit
²⁹ <i>tetrabenazine tab 25 mg</i>	Prior Authorization required, no Quantity Limit
³⁰ <i>doxepin hcl and PRUDOXIN cream 5%</i>	Quantity Limit = 3/day
³¹ <i>acyclovir cre 5%</i>	Step Therapy required, no Quantity Limit
³² <i>acyclovir oin 5%</i>	Quantity Limit = 15 gm/14 days

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