Nonformulary Exception or Value Prior Authorization & Quantity Limit Exception

PRIOR REVIEW/CERTIFICATION FAXBACK FORM

INCOMPLETE FORMS MAY DELAY PROCESSING

ALL NC PROVIDERS MUST PROVIDE THEIR 5-DIGIT Blue Cross NC PROVIDER ID# BELOW

PRESCRIBER NAME	PRESCRIBER NPI [REQUIRED]	Blue Cross NC PROV ID # / TAX ID [out of state]

CONTACT PERSON	PRESCRIBER PHONE	PRESCRIBER FAX

PRESCRIBER ADDRESS	CITY	STATE	ZIP

PATIENT NAME	Blue Cross NC ID	DATE OF BIRTH	GENDER
			M F

PLEASE ANSWER THE FOLLOWING QUESTIONS: **Diagnosis Code: _____**

Medication name, formulation, and dosage requested: _____

Requested Quantity:_____

Per: ☐ day ☐ 5 days ☐ 10 days ☐ 28 days ☐ 30 days ☐ 56 days ☐ 90 days ☐ 120 days ☐ 180 days ☐ 365 days

1. Please document support for the requested Quantity Limit Exception (this may include documented clinical rationale and/or medical records). **Rationale must be provided.**

   _____

   _____

2. Has the patient taken the requested medication in the past 180 days?..... ☐ Yes ☐ No
3. Is the requested medication being used to treat a seizure related or refractory psychiatric disorder? ☐ Yes ☐ No
   If YES, please answer the following questions and submit medical record documentation:
   a. Is the patient stable on the requested medication?..... ☐ Yes ☐ No
   b. Is the patient's condition too critical to try other medications?..... ☐ Yes ☐ No
4. Is the request for a contraceptive medication / device?..... ☐ Yes ☐ No
   a. **If YES,** is the provider requesting the non-preferred version of the prescribed contraceptive based on a determination of medical necessity?..... ☐ Yes ☐ No
5. Please provide indication for the requested medication: _____
6. Is the requested medication and/or dose considered medically necessary and appropriate for treating the condition?..... ☐ Yes ☐ No
7. Is the requested medication treating a chronic, disabling, or life-threatening disease?..... ☐ Yes ☐ No
8. Is the requested medication a BRAND medication with an FDA approved A-rated generic equivalent (or interchangeable biosimilar)?..... ☐ Yes ☐ No
   a. **If YES,** has the patient tried the generic (or interchangeable biosimilar) of the requested medication?..... ☐ Yes ☐ No
      If YES, please answer the following questions:
      i. Did the patient have a life-threatening side effect to the generic (or interchangeable biosimilar) that required medical intervention that is not anticipated with the requested medication?..... ☐ Yes ☐ No
      ii. Did the prescriber complete and submit an FDA MedWatch Adverse Event Reporting form?..... ☐ Yes ☐ No
      If YES, please provide a copy of the completed MedWatch form.

****continued on page 2, please complete and sign page 2 for prior authorization request****

NONFORMULARY EXCEPTION or VALUE PRIOR AUTHORIZATION & QUANTITY LIMITS *(continued)*

9. Has the patient tried and failed any other medications for this diagnosis?.....☐ Yes ☐ No
   If YES, please answer the following questions:
   a. Were the previously tried alternative medications detrimental to the patient's health or ineffective in the treatment of the disease or condition?.....☐ Yes ☐ No
   b. In the prescribing provider's opinion, would the previously tried alternative medications be detrimental to the patient's health or ineffective in treating the disease or condition again?.....☐ Yes ☐ No
10. Please provide previously tried and failed medications for this diagnosis (*omission of information indicates N/A or none*):

    _____

    _____
11. Please list any medications the member has a contraindication or is intolerant to for this diagnosis (*omission of information indicates N/A or none*):

    _____

    _____
12. Is the requested medication a non-standard formulation (e.g. chew, concentrate, elixir, film, granule, liquid, orally disintegrating tablet (ODT), powder, sprinkle suspension, syrup)?....☐ Yes ☐ No
    If YES, please answer the following questions:
    a. Is the patient 11 years of age or younger?.....☐ Yes ☐ No
    b. Is the patient unable to take solid dosage forms?.....☐ Yes ☐ No
    c. Is the patient taking any other medications in a solid dosage form?.....☐ Yes ☐ No
    d. Is the patient using an enteral feeding tube?.....☐ Yes ☐ No
       i. **If YES,** can the tablet/capsule formulation be crushed or opened for administration?.....☐ Yes ☐ No
13. Please provide a clinical rationale for the requested medication, and address alternatives that have not been tried, but may be clinically inappropriate; may include medical record documentation, laboratory results, and/or other supporting medical documentation (*omission of information indicates N/A or none*):

    _____

    _____

    _____

Please certify the following by signing and dating below:
I certify that I have been authorized to request prior review and certification for the above requested service(s). I further certify that my patient's medical records accurately reflect the information provided. I understand that Blue Cross NC may request medical records for this patient at any time in order to verify this information. I further understand that if Blue Cross NC determines this information is not reflected in my patient's medical records, Blue Cross NC may request a refund of any payments made and/or pursue any other remedies available.
Prescriber's Signature (Required):_____ **Date**:_____

For Blue Cross NC members, fax form to 1-800-795-9403

QUANTITY LIMITS

NOTE: quantity limits apply to both brand and associated generic formulations

Medication	Quantity per Day (unless specified)
ADLARITY – donepezil transdermal system 5 mg/day	4 patches per 28 days
ADLARITY – donepezil transdermal system 10 mg/day	4 patches per 28 days
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 100-50 mcg/dose	60 blisters per 30 days
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 250-50 mcg/dose	60 blisters per 30 days
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 500-50 mcg/dose	60 blisters per 30 days
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 115-21 mcg/ act	1 canister per 30 days
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 230-21 mcg/ act	1 canister per 30 days
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 45-21 mcg/ act	1 canister per 30 days
AIRDUO DIGIHALER 113/14 – fluticasone-salmeterol aer powder ba 113-14 mcg/act w/sensor	1 inhaler per 30 days
AIRDUO DIGIHALER 232/14 – fluticasone-salmeterol aer powder ba 232-14 mcg/act w/sensor	1 inhaler per 30 days
AIRDUO DIGIHALER 55/14 – fluticasone-salmeterol aer powder ba 55-14 mcg/act w/ sensor	1 inhaler per 30 days
AIRDUO RESPICLICK 113/14 – fluticasone-salmeterol aer powder ba 113-14 mcg/act	1 inhaler per 30 days
AIRDUO RESPICLICK 232/14 – fluticasone-salmeterol aer powder ba 232-14 mcg/act	1 inhaler per 30 days
AIRDUO RESPICLICK 55/14 – fluticasone-salmeterol aer powder ba 55-14 mcg/act	1 inhaler per 30 days
AIRSUPRA – albuterol-budesonide 90-80 mcg/act	3 inhalers per 30 days
ALA-SCALP – hydrocortisone 2% lotion	118.4 mL per 30 days
ALVESCO – ciclesonide inhal aerosol 160 mcg/act	2 canisters per 30 days
ALVESCO – ciclesonide inhal aerosol 80 mcg/ac	1 canister per 30 days
ANNOVERA -segesterone-ethinyl estradiol vaginal ring	1 ring per 365 days (1 year)
ANORO ELLIPTA – umeclidinium-vilanterol aero powder 62.5-25 mcg/inh	60 blisters per 30 days
APEXICON E – diflorasone 0.05% cream	120 grams per 30 days
ARMONAIR DIGIHALER – fluticasone propionate aer pow ba 113 mcg/act with sensor	1 inhaler per 30 days
ARMONAIR DIGIHALER – fluticasone propionate aer pow ba 232 mcg/act with sensor	1 inhaler per 30 days
ARMONAIR DIGIHALER – fluticasone propionate aer pow ba 55 mcg/act with sensor	1 inhaler per 30 days
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 100 mcg/act	30 blisters per 30 days
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 200 mcg/act	30 blisters per 30 days
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 50 mcg/act	30 blisters per 30 days
ASMANEX HFA – mometasone furoate inhal aerosol suspension 100 mcg/act	1 canister per 30 days
ASMANEX HFA – mometasone furoate inhal aerosol suspension 200 mcg/act	1 canister per 30 days
ASMANEX HFA – mometasone furoate inhal aerosol suspension 50 mcg/act	1 canister per 30 days
ASMANEX TWISTHALER 120 METERED DOSES – mometasone furoate inhal powd 220 mcg/inh	1 canister per 30 days
ASMANEX TWISTHALER 30 METERED DOSES – mometasone furoate inhal powd 110 mcg/inh	1 canister per 30 days

ASMANEX TWISTHALER 30 METERED DOSES – mometasone furoate inhal powd 220 mcg/inh	1 canister per 30 days
ASMANEX TWISTHALER 60 METERED DOSES – mometasone furoate inhal powd 220 mcg/inh	1 canister per 30 days
ARICEPT – donepezil hydrochloride tab 5 mg	1 tablet
ARICEPT – donepezil hydrochloride tab 10 mg	1 tablet
ARICEPT – donepezil hydrochloride tab 23 mg	1 tablet
ATROVENT HFA – ipratropium bromide hfa inhal aerosol 17 mcg/act	2 canisters per 30 days
AUVI-Q – epinephrine 0.1 mg/0.1 mL auto-injector	4 pens per 30 days
AUVI-Q – epinephrine 0.15 mg/0.15 mL auto-injector	4 pens per 30 days
AUVI-Q – epinephrine 0.3 mg/0.3 mL auto-injector	4 pens per 30 days
AZSTARYS – serdexmethylphenidate/dexmethylphenidate 26.1mg / 5.2mg	1
AZSTARYS – serdexmethylphenidate/dexmethylphenidate 39.2mg / 7.8mg	1
AZSTARYS – serdexmethylphenidate/dexmethylphenidate 52.3mg / 10.4mg	1
BASAGLAR KWIKPEN – insulin glargine soln pen-injector 100 unit/ml	100 mL per 30 days
BASAGLAR TEMPO PEN – insulin glargine pen-injector with transmitter port 100 unit/ml	100mL per 30 days
BETHKIS – tobramycin nebu soln 300 mg/4ml	224mL per 56 days
BEVESPI AEROSPHERE – glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act	1 canister per 30 days
BRENZAVVY – bexagliflozin tab 20 mg	1 tablet
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 50-25 mcg/inh	60 blisters per 30 days
BREO ELLIPTA – fluticasone furoate-vilanterol aero powder 100-25 mcg/inh	60 blisters per 30 days
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh	60 blisters per 30 days
BREZTRI AEROSPHERE – budesonide-glycopyrrolate formoterol aerosol 160-9-4.8 mcg/act	1 canister per 30 days
BRYHALI – halobetasol 0.01% lotion	200 g per 28 days
CAPEX – fluocinolone 0.01% shampoo	180 mL per 28 days
CAYSTON – aztreonam lysine for inhalation solution 75 mg (base equivalent)	84mL per 56 days
CIALIS – tadalafil tab 2.5 mg	1 tablet
CIALIS – tadalafil tab 5 mg	1 tablet
ciclopirox 0.77% gel	6 grams
clindamycin 1% solution	6 mL
CLOBEX – clobetasol 0.05% lotion	177 mL per 28 days
CLOBEX – clobetasol 0.05% spray	236 mL per 28 days
CLOBEX – clobetasol, clodan 0.05% shampoo	236 mL per 30 days
CLODERM – clocortolone 0.1% cream	135 g per 30 days
COMBIVENT RESPIMAT – ipratropium-albuterol inhalation aerosol solution 20-100 mcg/act	2 canisters per 30 days
CORDRAN – flurandrenolide 0.025% cream	120 g per 30 days
CORDRAN – flurandrenolide 0.05% lotion, cream, ointment	120 g or 120 mL per 30 days
CORDRAN – flurandrenolide tape	1 box per 30 days
cromolyn sodium nebulizer solution 20 mg/2ml	8mL
CUTIVATE – fluticasone 0.05% lotion	120 mL per 30 days
DALIRESP – roflumilast tab 250 mcg	1 tablet
DALIRESP – roflumilast tab 500 mcg	1 tablet
DESONATE – desonide 0.05% gel	120 g per 30 days
DESOWEN – desonide 0.05% lotion	120 g per 30 days
desoximetasone cream, ointment 0.05%	120 g per 30 days
DETROL – tolterodine tartrate tab 1 mg	2 tablets
DETROL – tolterodine tartrate tab 2 mg	2 tablets

DETROL LA – tolterodine tartrate cap er 24hr 2 mg	1 tablet
DETROL LA – tolterodine tartrate cap er 24hr 4 mg	1 tablet
DITROPAN XL – oxybutynin chloride tab er 24hr 5 mg	1 tablet
DITROPAN XL – oxybutynin chloride tab er 24hr 10 mg	2 tablets
donepezil hydrochloride orally disintegrating tab 5 mg	1 tablet
donepezil hydrochloride orally disintegrating tab 10 mg	1 tablet
DUAKLIR PRESSAIR – aclidinium br-formoterol fum aero pow br act 400-12 mcg/act	1 inhaler per 30 days
DULERA – mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	3 canisters per 30 days
DULERA – mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	3 canisters per 30 days
DULERA – mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act	3 canisters per 30 days
econazole 1% cream	170 grams per 30 days
ELIQUIS – apixaban tab 2.5 mg	2 tablets
ELIQUIS – apixaban tab 5 mg	74 tablets/30 days
ELIQUIS STARTER PACK – apixaban tab starter pack 5 mg	1 pack per 180 days
ENABLEX – darifenacin ER 7.5mg tablet	1 tablet
ENABLEX – darifenacin ER 15mg tablet	1 tablet
ENTADFI – finasteride-tadalafil 5-5mg capsule	1 capsule
EPINEPHRINE (AMNEAL/AVKARE BRAND) – epinephrine 0.3 mg/0.3 mL auto-injector	4 pens per 30 days
EPIPEN – epinephrine 0.3 mg/0.3 mL auto-injector	4 pens per 30 days
EPIPEN JR. – epinephrine 0.15 mg/0.3 mL auto-injector	4 pens per 30 days
ERYGEL – erythromycin 2% gel	6 grams
erythromycin 2% solution	6 mL
EXELON – rivastigmine 1.5 mg capsule	2 capsules
EXELON – rivastigmine 3 mg capsule	2 capsules
EXELON – rivastigmine 4.5 mg capsule	2 capsules
EXELON – rivastigmine 6 mg capsule	2 capsules
EXELON – rivastigmine td patch 24hr 4.6 mg/24hr	1 patch
EXELON – rivastigmine td patch 24hr 9.5 mg/24hr	1 patch
EXELON – rivastigmine td patch 24hr 13.3 mg/24hr	1 patch
FARXIGA – dapagliflozin propanediol tab 10 mg	1 tablet
FARXIGA – dapagliflozin propanediol tab 5 mg	1 tablet
FLOVENT DISKUS – fluticasone propionate aer powder 100 mcg/blister	60 blisters per 30 days
FLOVENT DISKUS – fluticasone propionate aer powder 250 mcg/blister	240 blisters per 30 days
FLOVENT DISKUS – fluticasone propionate aer powder 50 mcg/ blister	60 blisters per 30 days
FLOVENT HFA – fluticasone propionate hfa inhal aer 110 mcg/ act (125/valve)	1 canister per 30 days
FLOVENT HFA – fluticasone propionate hfa inhal aer 220 mcg/ act (250/valve)	2 canisters per 30 days
FLOVENT HFA – fluticasone propionate hfa inhal aero 44 mcg/ act (50/valve)	1 canister per 30 days
GALANTAMINE HYDROBROMIDE – 4 mg/ml oral solution	200mL per 30 days
GELNIQUE – oxybutynin chloride td gel 10% sachet	1 sachet
GEMTESA – vibegron tab 75 mg	1 tablet
gentamicin 0.1% cream	120 grams per 90 days
gentamicin 0.1% ointment	120 grams per 90 days
GLIPIZIDE – glipizide tab 2.5 mg	1 tablet
GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg	1 tablet
GLYXAMBI – empagliflozin-linagliptin tab 25-5 mg	1 tablet
HALOG – halcinonide 0.1% cream, ointment	240 g per 30 days
HALOG – halcinonide 0.1% solution	240 mL per 30 days
HYDROCORT – hydrocortisone 2.5% lotion	118 mL per 30 days
IMPEKLO – clobetasol propionate 0.05% lotion	4 bottles (165.6 grams) per 28 days

IMPOYZ – clobetasol propionate 0.025%	200 g per 28 days
INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/inh	30 blisters per 30 days
INPEFA – sotagliflozin tab 200 mg	1 tablet
INPEFA – sotagliflozin tab 400 mg	1 tablet
INSULIN DEGLUDEC – insulin degludec inj 100 unit/ml	100 mL per 30 days
INSULIN DEGLUDEC – insulin degludec soln pen-injector 100 unit/ml	100 mL per 30 days
INSULIN DEGLUDEC – insulin degludec soln pen-injector 200 unit/ml	100 mL per 30 days
INSULIN GLARGINE – insulin glargine inj 100 unit/ml	100 mL per 30 days
INSULIN GLARGINE – insulin glargine soln pen-injector 100 unit/ml	100 mL per 30 days
INSULIN GLARGINE – insulin glargine-yfgn injection 100 unit/ml	100 mL per 30 days
INSULIN GLARGINE – insulin glargine-yfgn solution pen-injector 100 unit/ml	100 mL per 30 days
INSULIN GLARGINE – insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	100 mL per 30 days
INSULIN GLARGINE – insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	100 mL per 30 days
INTUNIV – guanfacine extended release 1mg	1
INTUNIV – guanfacine extended release 2mg	1
INTUNIV – guanfacine extended release 3mg	1
INTUNIV – guanfacine extended release 4mg	1
INVOKAMET – canagliflozin-metformin hcl tab 150-1000 mg	2 tablets
INVOKAMET – canagliflozin-metformin hcl tab 150-500 mg	2 tablets
INVOKAMET – canagliflozin-metformin hcl tab 50-1000 mg	2 tablets
INVOKAMET – canagliflozin-metformin hcl tab 50-500 mg	2 tablets
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 150-1000 mg	2 tablets
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 150-500 mg	2 tablets
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 50-1000 mg	2 tablets
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 50-500 mg	2 tablets
INVOKANA – canagliflozin tab 100 mg	1 tablet
INVOKANA – canagliflozin tab 300 mg	1 tablet
JANUMET – sitagliptin-metformin hcl tab 50-1000 mg	2 tablets
JANUMET – sitagliptin-metformin hcl tab 50-500 mg	2 tablets
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 100-1000 mg	1 tablet
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-1000 mg	2 tablets
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-500 mg	1 tablet
JANUVIA – sitagliptin phosphate tab 100 mg	1 tablet
JANUVIA – sitagliptin phosphate tab 25 mg	1 tablet
JANUVIA – sitagliptin phosphate tab 50 mg	1 tablet
JARDIANCE – empagliflozin tab 10 mg	1 tablet
JARDIANCE – empagliflozin tab 25 mg	1 tablet
JENTADUETO – linagliptin-metformin hcl tab 2.5-1000 mg	2 tablets
JENTADUETO – linagliptin-metformin hcl tab 2.5-500 mg	2 tablets
JENTADUETO – linagliptin-metformin hcl tab 2.5-850 mg	2 tablets
JENTADUETO XR – linagliptin-metformin hcl tab er 24hr 2.5-1000 mg	2 tablets
JENTADUETO XR – linagliptin-metformin hcl tab er 24hr 5-1000 mg	1 tablet
JOURNAVX – suzetrigine tab 50 mg	30 tablets per 30 days
KAPVAY – clonidine extended release 0.1mg	4
KAZANO – alogliptin-metformin hcl tab 12.5-1000 mg	2 tablets
KAZANO – alogliptin-metformin hcl tab 12.5-500 mg	2 tablets
KENALOG – triamcinolone spray	126 g per 30 days
ketoconazole 2% cream	6 grams
ketorolac tromethamine tab 10 mg	21 tablets per 30 days
KITABIS PAK – tobramycin nebu soln 300 mg/5ml	280mL per 56 days

KLOXXADO – naloxone hcl nasal spray 8 mg/0.1ml	12 (6 boxes) per 365 days
KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	2 tablets
KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 5-1000 mg	1 tablet
KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 5-500 mg	1 tablet
LAGEVRIO – molnupiravir capsule 200mg	40 capsules per 30 days
LANTUS – insulin glargine inj 100 unit/ml	100 mL per 30 days
LANTUS SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml	100 mL per 30 days
LEVEMIR – insulin detemir inj 100 unit/ml	100 mL per 30 days
LEVEMIR FLEXTOUCH/FLEXPEN – insulin detemir pen-injector 100 unit/ml	100 mL per 30 days
LEXETTE – halobetasol 0.05% aerosol	200 g per 28 days
LIKMEZ – metronidazole susp 500mg/5mL	400 mL per 10 days
LOCOID LIPOCREAM – hydrocortisone butyrate lipid 0.1%	120 g per 30 days
LOCOID – hydrocortisone 0.1% lotion	118 mL per 30 days
LODOCO – colchicine (cardiovascular) tab 0.5mg	1 tablet
LOPROX – ciclopirox olamine 0.77% cream	6 grams
LOPROX – ciclopirox olamine 0.77% susp	6 mL
MYRBETRIQ – mirabegron tab er 24 hr 25 mg	1 tablet
MYRBETRIQ – mirabegron tab er 24 hr 50 mg	1 tablet
MYRBETRIQ – mirabegron granules for oral extended release susp 8 mg/ml	10 mL
NARCAN – naloxone hcl nasal spray 4 mg/0.1ml	12 (6 boxes) per 365 days
NAYZILAM – midazolam nasal spray soln 5 mg/0.1 ml	10 sprays per 30 days
NAMENDA - memantine hcl tab 5 mg	2 tablets
NAMENDA - memantine hcl tab 10 mg	2 tablets
NAMENDA TITRATION PAK – memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1 pack (49 tablets) per 28 days
NAMENDA XR – memantine hcl cap er 24hr 7 mg	1 capsule
NAMENDA XR – memantine hcl cap er 24hr 14 mg	1 capsule
NAMENDA XR – memantine hcl cap er 24hr 21 mg	1 capsule
NAMENDA XR – memantine hcl cap er 24hr 28 mg	1 capsule
NAMZARIC – memantine-donepezil cap er 24hr 7 & 14 & 21 & 28-10 mg pack	28 capsules per 180 days
NAMZARIC – memantine hcl-donepezil hcl cap er 24hr 7-10 mg	1 capsule
NAMZARIC – memantine hcl-donepezil hcl cap er 24hr 14-10 mg	1 capsule
NAMZARIC – memantine hcl-donepezil hcl cap er 24hr 21-10 mg	1 capsule
NAMZARIC – memantine hcl-donepezil hcl cap er 24hr 28-10 mg	1 capsule
NEFFY – epinephrine 1 mg/0.1 mL nasal spray	4 devices per 30 days
NEFFY – epinephrine 2 mg/0.1 mL nasal spray	4 devices per 30 days
NESINA – alogliptin benzoate tab 12.5 mg	1 tablet
NESINA – alogliptin benzoate tab 25 mg	1 tablet
NESINA – alogliptin benzoate tab 6.25 mg	1 tablet
OLUX/OLUX-E – clobetasol 0.05% foam	200 g per 28 days
ONGLYZA – saxagliptin hcl tab 2.5 mg (base equiv)	1 tablet
ONGLYZA – saxagliptin hcl tab 5 mg	1 tablet
OPVEE – nalmefene hcl nasal spray 2.7mg/0.1mL	12 devices per 365 days
OSENI – alogliptin-pioglitazone tab 12.5-15 mg	1 tablet
OSENI – alogliptin-pioglitazone tab 12.5-30 mg	1 tablet
OSENI – alogliptin-pioglitazone tab 12.5-45 mg	1 tablet
OSENI – alogliptin-pioglitazone tab 25-15 mg	1 tablet
OSENI – alogliptin-pioglitazone tab 25-30 mg	1 tablet
OSENI – alogliptin-pioglitazone tab 25-45 mg	1 tablet
oxybutynin chloride tablet 2.5 mg	3 tablets
oxybutynin chloride tablet 5 mg	4 tablets

oxybutynin chloride solution 5 mg/5ml	20 mL
oxybutynin chloride syrup 5 mg/5ml	20 mL
OXYTROL – oxybutynin td patch twice weekly 3.9 mg/24hr	8 patches per 28 days
PANDEL – hydrocortisone probutate 0.1% cream	160 g per 30 days
PAXLOVID – nirmatrelvir & ritonavir tablet pack 150 mg, 100 mg	20 tablets per 30 days
PAXLOVID – nirmatrelvir & ritonavir tablet pack 300 mg, 100 mg	30 tablets per 30 days
PRADAXA – dabigatran etexilate mesylate cap 110 mg	71 capsules per 90 days
PRADAXA – dabigatran etexilate mesylate cap 150 mg	2 capsules
PRADAXA – dabigatran etexilate mesylate cap 75 mg	2 capsules
PRADAXA PAK – dabigatran etexilate mesylate pellet pack 20 mg	60 packets per 30 days
PRADAXA PAK – dabigatran etexilate mesylate pellet pack 30 mg	120 packets per 30 days
PRADAXA PAK – dabigatran etexilate mesylate pellet pack 40 mg	120 packets per 30 days
PRADAXA PAK – dabigatran etexilate mesylate pellet pack 50 mg	120 packets per 30 days
PRADAXA PAK – dabigatran etexilate mesylate pellet pack 110 mg	120 packets per 30 days
PRADAXA PAK – dabigatran etexilate mesylate pellet pack 150 mg	60 packets per 30 days
PROAIR DIGIHALER – albuterol sulfate aer pow ba 108 mcg/act with sensor	2 inhalers per 30 days
PROAIR HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	2 canisters per 30 days
PROAIR RESPICLICK – albuterol sulfate aer pow ba 108 mcg/ act (90 mcg base equiv)	2 inhalers per 30 days
PROVENTIL HFA – albuterol sulfate inhal aero 108 mcg/act	2 canisters per 30 days
PSORCON – diflorasone 0.05% ointment	120 g per 30 days
PULMICORT FLEXHALER – budesonide inhal aero powd 180 mcg/act (breath activated)	2 canisters per 30 days
PULMICORT FLEXHALER – budesonide inhal aero powd 90 mcg/act (breath activated)	1 canister per 30 days
QBREXZA – glycopyrronium 2.4% cloths	1 cloth
QELBREE ER – viloxazine extended release 100 mg	1
QELBREE ER – viloxazine extended release 150 mg	2
QELBREE ER – viloxazine extended release 200 mg	3
QTERN – dapagliflozin-saxagliptin tab 10-5 mg	1 tablet
QTERN – dapagliflozin-saxagliptin tab 5-5 mg	1 tablet
QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 40 mcg/act	1 canister per 30 days
QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 80 mcg/act	2 canisters per 30 days
RAZADYNE - galantamine hydrobromide tab 4 mg	2 tablets
RAZADYNE - galantamine hydrobromide tab 8 mg	2 tablets
RAZADYNE - galantamine hydrobromide tab 12 mg	2 tablets
RAZADYNE ER – galantamine hydrobromide cap er 24hr 8 mg	1 capsule
RAZADYNE ER – galantamine hydrobromide cap er 24hr 16 mg	1 capsule
RAZADYNE ER – galantamine hydrobromide cap er 24hr 24 mg	1 capsule
RESTASIS – cyclosporine ophthalmic emulsion 0.05% multidose bottle	1 bottle (5.5mL) per 28 days
RESTASIS – cyclosporine ophthalmic emulsion 0.05% single use vial	2 vials
REXTOVY – naloxone hcl nasal spray 4mg/0.25ml	12 (6 boxes) per 365 days
REZVOGLAR KWIKPEN – insulin glargine-aglr soln pen-injector 100 unit/ml	100 mL every 30 days
SAVAYSA – edoxaban tosylate tab 15 mg	1 tablet
SAVAYSA – edoxaban tosylate tab 30 mg	1 tablet
SAVAYSA – edoxaban tosylate tab 60 mg	1 tablet
SAVELLA – milnacipran 12.5 mg tablet	2 tablets
SAVELLA – milnacipran 25 mg tablet	2 tablets
SAVELLA – milnacipran 50 mg tablet	2 tablets
SAVELLA – milnacipran 100 mg tablet	2 tablets
SAVELLA – milnacipran 5 x 12.5 mg, 8 x 25 mg, 42 x 50 mg titration pack	1 pack (55 tablets) per 180 days

SEGLUROMET – ertugliflozin-metformin hcl tab 2.5-1000 mg	2 tablets
SEGLUROMET – ertugliflozin-metformin hcl tab 2.5-500 mg	4 tablets
SEGLUROMET – ertugliflozin-metformin hcl tab 7.5-1000 mg	2 tablets
SEGLUROMET – ertugliflozin-metformin hcl tab 7.5-500 mg	2 tablets
SEMGLEE – insulin glargine-yfgn inj 100 unit/ml	100 mL per 30 days
SEMGLEE – insulin glargine-yfgn soln pen-injector 100 unit/m	100 mL per 30 days
SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/ dose	60 blisters per 30 days
SERNIVO – betamethasone spray	120 mL per 30 days
SOLIQUA – insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/mL	6 pens per 30 days
SITAGLIPTIN-METFORMIN – sitagliptin-metformin tab 50-500mg	2 tablets
SITAGLIPTIN-METFORMIN – sitagliptin-metformin tab 50-1000mg	2 tablets
SPIRIVA HANDIHALER – tiotropium bromide monohydrate inhal cap 18 mcg	30 capsules per 30 days
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act	1 cartridge per 30 days
SPRIX – ketorolac tromethamine nasal spray 15.75 mg/spray	5 bottles/prescription per 30 days
STEGLATRO – ertugliflozin l-pyroglutamic acid tab 15 mg	1 tablet
STEGLATRO – ertugliflozin l-pyroglutamic acid tab 5 mg	2 tablets
STEGLUJAN – ertugliflozin-sitagliptin tab 15-100 mg	1 tablet
STEGLUJAN – ertugliflozin-sitagliptin tab 5-100 mg	1 tablet
STIOLTO RESPIMAT – tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	1 cartridge per 30 days
STRATTERA – atomoxetine 10mg	2
STRATTERA – atomoxetine 18mg	2
STRATTERA – atomoxetine 25mg	2
STRATTERA – atomoxetine 40mg	2
STRATTERA – atomoxetine 60mg	2
STRATTERA – atomoxetine 80mg	1
STRATTERA – atomoxetine 100mg	1
STRIVERDI RESPIMAT – olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	1 cartridge per 30 days
SYMBICORT – Breyna, budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	3 canisters per 30 days
SYMBICORT – Breyna, budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	3 canisters per 30 days
SYMJEPI – epinephrine 0.15 mg/0.3 mL prefilled syringe	4 syringes per 30 days
SYMJEPI – epinephrine 0.3 mg/0.3 mL prefilled syringe	4 syringes per 30 days
SYNJARDY – empagliflozin-metformin hcl tab 12.5-1000 mg	2 tablets
SYNJARDY – empagliflozin-metformin hcl tab 12.5-500 mg	2 tablets
SYNJARDY – empagliflozin-metformin hcl tab 5-1000 mg	2 tablets
SYNJARDY – empagliflozin-metformin hcl tab 5-500 mg	2 tablets
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 10-1000 mg	2 tablets
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg	2 tablets
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 25-1000 mg	1 tablet
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 5-1000 mg	2 tablets
TEMOVATE – clobetasol 0.05% cream, gel	210 g per 28 days
TOBI PODHALER – tobramycin inhal cap 28 mg	224 capsules per 56 days
tobramycin ophthalmic soln 0.3%	3 bottles (15 mL) per 30 days
TOPICORT 0.05% – desoximetasone 0.05% cream, ointment	120 g per 30 days
TOPICORT 0.25% – desoximetasone 0.25% spray, ointment	120 g or 120 mL per 30 days
TOVIAZ – fesoterodine fumarate tab er 24hr 4 mg	1 tablet
TOVIAZ – fesoterodine fumarate tab er 24hr 8 mg	1 tablet

TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	100 mL per 30 days
TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	100 mL per 30 days
TRADJENTA – linagliptin tab 5 mg	1 tablet
TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh	1 inhaler per 30 days
TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/inh	1 inhaler per 30 days
TRESIBA – insulin degludec inj 100 unit/ml	100 mL per 30 days
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml	100 mL per 30 days
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 200 unit/m	100 mL per 30 days
TRIANEX – triamcinolone 0.05% ointment	430 g per 30 days
TRIJARDY XR – empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg	2 tablets
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg	1 tablet
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 25-5-1000 mg	1 tablet
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	2 tablets
trospium chloride cap er 24hr 60 mg	1 capsule
trospium chloride tab 20 mg	2 tablets
TUDORZA PRESSAIR – aclidinium bromide aerosol powder 400 mcg/act	1 canister per 30 days
TYRVAYA – varenicline tartrate nasal spray 0.03 mg/act	2 bottles (8.4mL) per 28 days
ULTRAVATE – halobetasol 0.05% lotion	240 mL per 30 days
VALTOCO – diazepam nasal spray 10 mg/0.1 ml	10 blister packs per 30 days
VALTOCO – diazepam nasal spray 5 mg/0.1 ml	10 blister packs per 30 days
VALTOCO – diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	10 blister packs per 30 days
VALTOCO – diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	10 blister packs per 30 days
VANCOCIN – vancomycin cap 125 mg	4 capsules
VANCOCIN – vancomycin cap 250 mg	8 capsules
VANOS – fluocinonide 0.1% cream	240 g per 28 days
VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	2 canisters per 30 days
VERDESO – desonide 0.05% foam	100 g per 30 days
VESICARE – solifenacin succinate tab 5 mg	1 tablet
VESICARE – solifenacin succinate tab 10 mg	1 tablet
VESICARE LS – solifenacin succinate susp 5 mg/5ml (1 mg/ml)	10 mL
XARELTO – rivaroxaban tab 10 mg	1 tablet
XARELTO – rivaroxaban tab 15 mg	2 tablets
XARELTO – rivaroxaban tab 2.5 mg	2 tablets
XARELTO – rivaroxaban tab 20 mg	1 tablet
XARELTO Starter Pack – rivaroxaban tab starter therapy pack 15 mg & 20 mg	1 pack per 180 days
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 10-1000 mg	1 tablet
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 10-500 mg	1 tablet
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg	2 tablets
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 5-1000 mg	2 tablets
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 5-500 mg	1 tablet
XOFLUZA – baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose)	(2 boxes) 2 tablets per 120 days
XOFLUZA – baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose)	(2 boxes) 2 tablets per 120 days
XOFLUZA – baloxavir marboxil tab therapy pack 2 x 20 mg (40 mg dose)	(2 boxes) 4 tablets per 120 days
XOFLUZA – baloxavir marboxil tab therapy pack 2 x 40 mg (80 mg dose)	(2 boxes) 4 tablets per 120 days
XOPENEX HFA – levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	2 canisters per 30 days
XULTOPHY – insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/m	5 pens per 30 days
ZITUVIMET – sitagliptin-metformin hcl tab 50-500mg	2 tablets

ZITUVIMET – sitagliptin-metformin hcl tab 50-1000mg	2 tablets
ZITUVIMET XR – sitagliptin-metformin hcl er tab 50-500mg	1 tablet
ZITUVIMET XR – sitagliptin-metformin hcl er tab 50-1000mg	2 tablets
ZITUVIMET XR – sitagliptin-metformin hcl er tab 100-1000mg	1 tablet
ZITUVIO – sitagliptin 25 mg	1 tablet
ZITUVIO – sitagliptin 50 mg	1 tablet
ZITUVIO – sitagliptin 100 mg	1 tablet
ZUNVEYL – benzgalantamine gluconate tab delayed release 5 mg	2 tablets
ZUNVEYL – benzgalantamine gluconate tab delayed release 10 mg	2 tablets
ZUNVEYL – benzgalantamine gluconate tab delayed release 15 mg	2 tablets
ZYFLO – zileuton tab 600 mg	4 tablets

NOTE: quantity limits apply to both brand and associated generic formulations