

Nonformulary Exception & Quantity Limits

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 and dosage requested: _____

Requested Quantity: _____ **Per:** day 5 days 30 days 120 days 365 days

- 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. Please provide indication for the requested medication: _____

5. Is the requested medication and/or dose considered medically necessary and appropriate for treating the condition?..... Yes No

6. Is the requested medication treating a chronic, disabling, or life-threatening disease?..... Yes No

7. Is the requested medication a BRAND medication with an FDA approved AB rated generic equivalent?..... Yes No

a. **If YES**, has the patient tried the generic product 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 that required medical intervention that is not anticipated with the brand product?..... 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, sign page 2 for prior authorization****

NONFORMULARY EXCEPTION & QUANTITY LIMITS (continued)

8. 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

9. Please provide previously tried and failed medications for this diagnosis (*omission of information indicates N/A or none*):

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

11. 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

12. Please provide a clinical rationale for the requested medication, 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 generic formulations

Medication	Medication Dosage Form and Strength	Quantity Limit (per day unless noted otherwise)
Advair Diskus (fluticasone/salmeterol)	100mcg/50 mcg per inhalation	60 blisters (1 inhaler) per 30 days
Advair Diskus (fluticasone/salmeterol)	250mcg/50 mcg per inhalation	60 blisters (1 inhaler) per 30 days
Advair Diskus (fluticasone/salmeterol)	500mcg/50 mcg per inhalation	60 blisters (1 inhaler) per 30 days
Advair HFA (fluticasone/salmeterol)	45 mcg/21 mcg, 115 mcg/21 mcg, 230 mcg/21 mcg (12 gm, 120 actuations)	1 inhaler per 30 days
Air Duo Digihaler (fluticasone/salmeterol)	55 mcg/14 mcg, 113 mcg/14 mcg, 232 mcg/14 mcg (0.45 gm, 60 actuations)	1 inhaler per 30 days
AirDuo Respiclick (fluticasone/salmeterol)	55 mcg/14 mcg, 113 mcg/14 mcg, 232 mcg/14 mcg (0.45 gm, 60 actuations)	1 inhaler per 30 days
Alvesco (ciclesonide)	80mcg/actuation, 6.1 grams, 60 actuations	1 inhaler per 30 days
Alvesco (ciclesonide)	160mcg/actuation, 6.1 grams, 60 actuations	2 inhalers per 30 days
Anoro Ellipta (umeclidinium/vilanterol)	62.5mcg, 25mcg (60 blisters, 30 actuations)	1 inhaler per 30 days
Arcapta Neohaler (indacaterol)	75 mcg/inhalation (Neohaler inhaler and box of 5 blister cards of 6 capsules each, total 30)	30 capsules per 30 days
ArmonAir Digihaler (fluticasone)	113 mcg/actuation, 232 mcg/actuation (0.9 g, 60 actuations)	1 inhaler per 30 days
Arnuity Ellipta (fluticasone)	50 mcg/blister, 100 mcg/blister, 200 mcg/blister	30 blisters per 30 days
Asmanex HFA (mometasone)	50 mcg/actuation, 100 mcg/actuation, 200 mcg/actuation (13 gm, 120 actuations)	1 inhaler per 30 days
Asmanex Twisthaler (mometasone)	110 mcg/actuation (30 actuations), 220 mcg/actuation (30, 60, 120 actuations)	1 inhaler per 30 days
Atrovent HFA (ipratropium)	17 mcg/actuation (12.9 gm, 200 actuations)	2 canisters per 30 days
Basaglar Kwikpen® (insulin glargine)	3 mL pen	100 mL every 30 days
Bevespi Aerosphere (glycopyrrolate/formoterol)	9 mcg/4.8 mcg (120 inhalation canister)	1 canister per 30 days
Breo Ellipta (fluticasone/vilanterol)	100 mcg/25 mcg, 200 mcg/25 mcg (60 blisters, 30 actuations)	60 blisters per 30 days
Breztri Aerosphere (budesonide/glycopyrrolate/formoterol fumarate)	160 mcg/9.0 mcg/4.8 mcg (10.7 gm, 120 actuations)	1 canister per 30 days

Cialis® (tadalafil)	2.5 mg tablets	1 tablet
Cialis (tadalafil)	5 mg tablets	1 tablet
Combivent Respimat (ipratropium/albuterol)	20 mcg/100 mcg/actuation (4.0 gm, 120 actuations)	2 inhalers per 30 days
Cromolyn sodium nebulizer solution	20mg/2mL vial	8 mL
Daliresp® (roflumilast)	250 mcg tablet	1 tablet
Daliresp (roflumilast)	500 mcg tablet	1 tablet
Descovy (emtricitabine-tenofovir alafenamide fumarate)	200-25mg tablet	1 tablet
Duaklir Pressair (aclidinium bromide/formoterol fumarate)	400 mcg/12 mcg (60 actuations)	1 inhaler per 30 days
Dulera (mometasone/formoterol)	50 mcg/5 mcg, 100 mcg/5 mcg, 200 mcg/5 mcg (13 gm, 120 actuations)	1 canister per 30 days
Flovent Diskus (fluticasone)	50 mcg/inhalation, 100 mcg/inhalation (60 blisters/carton)	60 blisters per 30 days
Flovent Diskus (fluticasone)	250 mcg/inhalation (60 blisters/carton)	240 blisters per 30 days
Flovent HFA (fluticasone)	44 mcg/actuation, 110 mcg/actuation (10.6 gm, 120 actuations)	1 inhaler per 30 days
Flovent HFA (fluticasone)	220 mcg/actuation, (12 gm, 120 actuations)	2 inhalers per 30 days
Incruse Ellipta (umeclidinium)	62.5 mcg/blister	30 blisters per 30 days
Ketorolac	10 mg tablet	21 tablets/prescription per 5 days
Kloxxado (naloxone)	8mg/0.1mL nasal spray	12 (6 boxes) per 365 days
Lantus® (insulin glargine)	100 U/mL: 10 mL vial, 3 mL device/cartridge	100 mL per 30 days
Levemir® (insulin detemir)	100 U/mL: 10 mL vial, 3 mL pen	100 mL per 30 days
Narcan (naloxone) nasal spray	4mg/0.1mL	12 (6 boxes) per 365 days
Nayzilam® (midazolam) nasal solution	5mg/0.1 mL	10 spray units every 30 days (5 boxes every 30 days)
ProAir Digihaler (albuterol sulfate)	90 mcg/actuation (200 actuations)	2 inhalers per 30 days
ProAir HFA (albuterol sulfate HFA)	90 mcg/actuation (8.5 gm, 200 actuations)	2 inhalers per 30 days
ProAir RespiClick (albuterol sulfate)	90 mcg/actuation (200 actuations)	2 inhalers per 30 days
Proventil HFA (albuterol sulfate)	90 mcg/actuation (6.7 gm, 200 actuations)	2 inhalers per 30 days
Pulmicort Flexhaler (budesonide)	90 mcg/actuation (60 actuations)	1 inhaler per 30 days
Pulmicort Flexhaler (budesonide)	180 mcg/actuation (120 actuations)	2 inhalers per 30 days
QVAR RediHaler 40 mcg/actuation	(10.6 gm, 120 actuations)	1 inhaler per 30 days
QVAR RediHaler 80 mcg/actuation	(10.6 gm, 120 actuations)	2 inhalers per 30 days
Seebri Neohaler (glycopyrrolate)	15.6 mcg/ inhalation (box of 60 capsules)	60 capsules (1 box) per 30 days
Semglee™ (insulin glargine)	100 U/mL: 10 mL vial, 3 mL pen	100 mL per 30 days
Serevent Diskus (salmeterol)	50 mcg/inhalation (disposable inhalation device and 60 blisters)	60 blisters (1 unit) per 30 days

Spiriva Handihaler (tiotropium)	18 mcg/inhalation (carton of 5, 30, or 90 capsules)	30 capsules per 30 days
Spiriva Respimat (tiotropium)	1.25 mcg/actuation, 2.5 mcg/actuation (4 g cartridge)	1 cartridge per 30 days
Sprix	1.7g bottle	5 bottles/prescription every 30 days
Sprix	1.7g bottle (5 pack)	1 pack every 30 days
Stiolto Respimat (tiotropium/olodaterol)	2.5 mcg/2.5 mcg (4 grams, 60 actuations)	1 cartridge per 30 days
Striverdi Respimat (olodaterol)	2.5 mcg/actuation (inhaler device and 60 actuation cartridge)	1 cartridge per 30 days
Symbicort, Budesonide/formoterol)	80 mcg/4.5 mcg, 160 mcg/4.5 mcg (10.2 gm, 120 actuations)	1 inhaler per 30 days
Toujeo® (insulin glargine)	300 U/mL: 1.5 mL pen	100 mL per 30 days
Trelegy Ellipta (fluticasone/umeclidinium/vilanterol)	100 mcg/62.5 mcg/25 mcg, 200 mcg/62.5 mcg/25 mcg (30 inhalations)	1 inhaler per 30 days
Tresiba® (insulin degludec)	100 U/mL 10 mL vial; 3mL Pen-Injector	100 mL per 30 days
Tresiba (insulin degludec)	200 U/mL 3mL Pen-Injector	100 mL per 30 days
Truvada (emtricitabine-tenofovir disoproxil fumarate)	200-300mg tablet	1 tablet
Tudorza Pressair (aclidinium bromide)	400 mcg/actuation (1 canister, 60 actuations)	1 inhaler per 30 days
Utibron Neohaler (indacaterol/glycopyrrolate)	27.5 mcg/15.6 mg/inhalation (Box of 60 inhalation capsules)	60 capsules per 30 days
Valtoco® (diazepam nasal spray)	5mg/0.1mL	10 blister packs per 30 days
Valtoco (diazepam nasal spray)	10mg/0.1mL	10 blister packs per 30 days
Valtoco (diazepam nasal spray)	7.5mg/0.1mL (15mg dose)	10 blister packs per 30 days
Valtoco (diazepam nasal spray)	10mg/0.1mL (20mg dose)	10 blister packs per 30 days
Ventolin HFA (albuterol sulfate)	90 mcg/actuation (8 gm, 60 actuations)	2 inhalers per 30 days
Ventolin HFA (albuterol sulfate)	90 mcg/actuation (18 gm, 200 actuations)	2 inhalers per 30 days
Xofluza™ (baloxavir marboxil) therapy pack	2 x 20 mg tablet	(2 boxes) 4 tablets every 120 days
Xofluza™ (baloxavir marboxil) therapy pack	2 x 40 mg tablet	(2 boxes) 4 tablets every 120 days
Xofluza™ (baloxavir marboxil) therapy pack	1 x 40 mg tablet	(2 boxes) 2 tablets every 120 days
Xofluza™ (baloxavir marboxil) therapy pack	1 x 80 mg tablet	(2 boxes) 2 tablets every 120 days
Xopenex HFA, (levalbuterol HFA)	45 mcg/actuation, 15gm, 200 actuations	2 inhalers per 30 days
Zyflo® (zileuton)	600 mg tablet	4 tablets
Zyflo CR® (zileuton)	600 mg tablet	4 tablets