



Oral Inhalers Quantity Limit Program Summary

Quantity limits apply to Medicaid.

POLICY REVIEW CYCLE

Effective Date
03-01-2024

Date of Origin
05-01-2005

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
Advair diskus ; Wixela inhub	Fluticasone-Salmeterol Aer Powder BA 100-50 MCG/DOSE	100-50 MCG/ACT	1	Inhaler	30	DAYS			
Advair diskus ; Wixela inhub	Fluticasone-Salmeterol Aer Powder BA 250-50 MCG/DOSE	250-50 MCG/ACT	1	Inhaler	30	DAYS			
Advair diskus ; Wixela inhub	Fluticasone-Salmeterol Aer Powder BA 500-50 MCG/DOSE	500-50 MCG/ACT	1	Inhaler	30	DAYS			
Advair hfa	Fluticasone-Salmeterol Inhal Aerosol 115-21 MCG/ACT	115-21 MCG/ACT	1	Inhaler	30	DAYS			
Advair hfa	Fluticasone-Salmeterol Inhal Aerosol 230-21 MCG/ACT	230-21 MCG/ACT	1	Inhaler	30	DAYS			
Advair hfa	Fluticasone-Salmeterol Inhal Aerosol 45-21 MCG/ACT	45-21 MCG/ACT	1	Inhaler	30	DAYS			
Airduo digihaler 113/14	Fluticasone-Salmeterol Aer Powder BA	113-14 MCG/ACT	1	Inhaler	30	DAYS			
Airduo digihaler 232/14	Fluticasone-Salmeterol Aer Powder BA	232-14 MCG/ACT	1	Inhaler	30	DAYS			
Airduo digihaler 55/14	Fluticasone-Salmeterol Aer Powder BA	55-14 MCG/ACT	1	Inhaler	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
Airduo respiclick 113/14	Fluticasone-Salmeterol Aer Powder BA 113-14 MCG/ACT	113-14 MCG/ACT	1	Inhaler	30	DAYS			
Airduo respiclick 232/14	Fluticasone-Salmeterol Aer Powder BA 232-14 MCG/ACT	232-14 MCG/ACT	1	Inhaler	30	DAYS			
Airduo respiclick 55/14	Fluticasone-Salmeterol Aer Powder BA 55-14 MCG/ACT	55-14 MCG/ACT	1	Inhaler	30	DAYS			
Airsupra	albuterol-budesonide inhalation aerosol	90-80 MCG/ACT	3	Inhalers	30	DAYS			
Alvesco	Ciclesonide Inhal Aerosol 160 MCG/ACT	160 MCG/ACT	2	Inhalers	30	DAYS			
Alvesco	Ciclesonide Inhal Aerosol 80 MCG/ACT	80 MCG/ACT	1	Inhaler	30	DAYS			
Anoro ellipta	Umeclidinium-Vilanterol Aero Powd BA 62.5-25 MCG/INH	62.5-25 MCG/ACT	1	Inhaler	30	DAYS			
Armonair digihaler	Fluticasone Propionate Aer Pow BA	55 MCG/ACT	1	Inhaler	30	DAYS			
Armonair digihaler	Fluticasone Propionate Aer Pow BA	113 MCG/ACT	1	Inhaler	30	DAYS			
Armonair digihaler	Fluticasone Propionate Aer Pow BA	232 MCG/ACT	1	Inhaler	30	DAYS			
Arnuity ellipta	Fluticasone Furoate Aerosol Powder Breath Activ 100 MCG/ACT	100 MCG/ACT	1	Inhaler	30	DAYS			
Arnuity ellipta	Fluticasone Furoate Aerosol Powder Breath Activ 200 MCG/ACT	200 MCG/ACT	1	Inhaler	30	DAYS			
Arnuity ellipta	Fluticasone Furoate Aerosol Powder Breath Activ 50 MCG/ACT	50 MCG/ACT	1	Inhaler	30	DAYS			
Asmanex hfa	Mometasone Furoate Inhal Aerosol Suspension 100 MCG/ACT	100 MCG/ACT	1	Inhaler	30	DAYS			
Asmanex hfa	Mometasone Furoate Inhal Aerosol Suspension 200 MCG/ACT	200 MCG/ACT	1	Inhaler	30	DAYS			
Asmanex hfa	Mometasone Furoate Inhal Aerosol Suspension 50 MCG/ACT	50 MCG/ACT	1	Inhaler	30	DAYS			
Asmanex twisthaler 120 me ; Asmanex twisthaler 14 met ; Asmanex twisthaler 30 met ; Asmanex twisthaler 60 met	Mometasone Furoate Inhal Powd 220 MCG/INH (Breath Activated)	220 MCG/INH	1	Inhaler	30	DAYS			
Asmanex twisthaler 30 met	Mometasone Furoate Inhal Powd 110	110 MCG/INH	1	Inhaler	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
	MCG/INH (Breath Activated)								
Atrovent hfa	Ipratropium Bromide HFA Inhal Aerosol 17 MCG/ACT	17 MCG/ACT	2	Inhalers	30	DAYS			
Bevespi aerosphere	Glycopyrrolate-Formoterol Fumarate Aerosol 9-4.8 MCG/ACT	9-4.8 MCG/ACT	1	Inhaler	30	DAYS			
Breo ellipta	fluticasone furoate-vilanterol aero powder	50-25 MCG/INH	1	Inhaler	30	DAYS			
Breo ellipta	Fluticasone Furoate-Vilanterol Aero Powder BA 100-25 MCG/INH	100-25 MCG/ACT	1	Inhaler	30	DAYS			
Breo ellipta	Fluticasone Furoate-Vilanterol Aero Powder BA 100-25 MCG/INH	100-25 MCG/ACT	60	Blisters	30	DAYS			
Breo ellipta	Fluticasone Furoate-Vilanterol Aero Powder BA 200-25 MCG/INH	200-25 MCG/ACT	1	Inhaler	30	DAYS			
Breo ellipta	Fluticasone Furoate-Vilanterol Aero Powder BA 200-25 MCG/INH	200-25 MCG/ACT	60	Blisters	30	DAYS			
Breyna ; Symbicort	Budesonide-Formoterol Fumarate Dihyd Aerosol 160-4.5 MCG/ACT	160-4.5 MCG/ACT	3	Inhalers	30	DAYS			
Breyna ; Symbicort	Budesonide-Formoterol Fumarate Dihyd Aerosol 80-4.5 MCG/ACT	80-4.5 MCG/ACT	3	Inhalers	30	DAYS			
Breztri aerosphere	Budesonide-Glycopyrrolate-Formoterol Aers	160-9-4.8 MCG/ACT	1	Inhaler	30	DAYS			
Combivent respimat	Ipratropium-Albuterol Inhal Aerosol Soln 20-100 MCG/ACT	20-100 MCG/ACT	2	Inhalers	30	DAYS			
Duaklir pressair	Acclidinium Br-Formoterol Fum Aero Pow Br Act 400-12 MCG/ACT	400-12 MCG/ACT	1	Inhaler	30	DAYS			
Dulera	Mometasone Furoate-Formoterol Fumarate Aerosol 100-5 MCG/ACT	100-5 MCG/ACT	3	Inhalers	30	DAYS			
Dulera	Mometasone Furoate-Formoterol Fumarate Aerosol 200-5 MCG/ACT	200-5 MCG/ACT	3	Inhalers	30	DAYS			
Dulera	Mometasone Furoate-Formoterol Fumarate Aerosol 50-5 MCG/ACT	50-5 MCG/ACT	3	Inhalers	30	DAYS			
Flovent diskus	Fluticasone Propionate Aer Pow BA 100 MCG/BLISTER	100 MCG/ACT ; 100 MCG/BLISTER	1	Inhaler	30	DAYS			
Flovent diskus	Fluticasone Propionate Aer Pow BA 250 MCG/BLISTER	250 MCG/ACT ; 250 MCG/BLISTER	4	Inhalers	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
Flovent diskus	Fluticasone Propionate Aer Pow BA 50 MCG/BLISTER	50 MCG/ACT ; 50 MCG/BLISTER	1	Inhaler	30	DAYS			
Flovent hfa	Fluticasone Propionate HFA Inhal Aer 110 MCG/ACT (125/Valve)	110 MCG/ACT	1	Inhaler	30	DAYS			
Flovent hfa	Fluticasone Propionate HFA Inhal Aer 220 MCG/ACT (250/Valve)	220 MCG/ACT	2	Inhalers	30	DAYS			
Flovent hfa	Fluticasone Propionate HFA Inhal Aero 44 MCG/ACT (50/Valve)	44 MCG/ACT	1	Inhaler	30	DAYS			
Incruse ellipta	Umeclidinium Br Aero Powd Breath Act 62.5 MCG/INH (Base Eq)	62.5 MCG/INH	1	Inhaler	30	DAYS			
Proair digihaler	Albuterol Sulfate Aer Pow BA	108 MCG/ACT	2	Inhalers	30	DAYS			
Proair hfa ; Proventil hfa ; Ventolin hfa	Albuterol Sulfate Inhal Aero 108 MCG/ACT (90MCG Base Equiv)	108 MCG/ACT	2	Inhalers	30	DAYS			
Proair respiclick	Albuterol Sulfate Aer Pow BA 108 MCG/ACT (90 MCG Base Equiv)	108 MCG/ACT	2	Inhalers	30	DAYS			
Pulmicort flexhaler	Budesonide Inhal Aero Powd 180 MCG/ACT (Breath Activated)	180 MCG/ACT	2	Inhalers	30	DAYS			
Pulmicort flexhaler	Budesonide Inhal Aero Powd 90 MCG/ACT (Breath Activated)	90 MCG/ACT	1	Inhaler	30	DAYS			
Qvar redihaler	Beclomethasone Diprop HFA Breath Act Inh Aer 40 MCG/ACT	40 MCG/ACT	1	Inhaler	30	DAYS			
Qvar redihaler	Beclomethasone Diprop HFA Breath Act Inh Aer 80 MCG/ACT	80 MCG/ACT	2	Inhalers	30	DAYS			
Serevent diskus	Salmeterol Xinafoate Aer Pow BA 50 MCG/DOSE (Base Equiv)	50 MCG/DOSE	1	Inhaler	30	DAYS			
Spiriva handihaler	Tiotropium Bromide Monohydrate Inhal Cap 18 MCG (Base Equiv)	18 MCG	30	Capsules	30	DAYS			
Spiriva respimat	Tiotropium Bromide Monohydrate Inhal Aerosol 1.25 MCG/ACT	1.25 MCG/ACT	1	Inhaler	30	DAYS			
Spiriva respimat	Tiotropium Bromide Monohydrate Inhal Aerosol 2.5 MCG/ACT	2.5 MCG/ACT	1	Inhaler	30	DAYS			
Stiolto respimat	Tiotropium Br-Olodaterol Inhal Aero Soln 2.5-2.5 MCG/ACT	2.5-2.5 MCG/ACT	1	Inhaler	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
Striverdi respimat	Olodaterol HCl Inhal Aerosol Soln 2.5 MCG/ACT (Base Equiv)	2.5 MCG/ACT	1	Inhaler	30	DAYS			
Trelegly ellipta	Fluticasone-Umeclidinium-Vilanterol AEPB	200-62.5-25 MCG/ACT	1	Inhaler	30	DAYS			
Trelegly ellipta	Fluticasone-Umeclidinium-Vilanterol AEPB 100-62.5-25 MCG/INH	100-62.5-25 MCG/ACT	1	Inhaler	30	DAYS			
Tudorza pressair	Acclidinium Bromide Aerosol Powd Breath Activated 400 MCG/ACT	400 MCG/ACT	1	Inhaler	30	DAYS			
Xopenex hfa	Levalbuterol Tartrate Inhal Aerosol 45 MCG/ACT (Base Equiv)	45 MCG/ACT	2	Inhalers	30	DAYS			

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Advair diskus ; Wixela inhub	Fluticasone-Salmeterol Aer Powder BA 100-50 MCG/DOSE	100-50 MCG/ACT	Medicaid
Advair diskus ; Wixela inhub	Fluticasone-Salmeterol Aer Powder BA 250-50 MCG/DOSE	250-50 MCG/ACT	Medicaid
Advair diskus ; Wixela inhub	Fluticasone-Salmeterol Aer Powder BA 500-50 MCG/DOSE	500-50 MCG/ACT	Medicaid
Advair hfa	Fluticasone-Salmeterol Inhal Aerosol 115-21 MCG/ACT	115-21 MCG/ACT	Medicaid
Advair hfa	Fluticasone-Salmeterol Inhal Aerosol 230-21 MCG/ACT	230-21 MCG/ACT	Medicaid
Advair hfa	Fluticasone-Salmeterol Inhal Aerosol 45-21 MCG/ACT	45-21 MCG/ACT	Medicaid
Airduo digihaler 113/14	Fluticasone-Salmeterol Aer Powder BA	113-14 MCG/ACT	Medicaid
Airduo digihaler 232/14	Fluticasone-Salmeterol Aer Powder BA	232-14 MCG/ACT	Medicaid
Airduo digihaler 55/14	Fluticasone-Salmeterol Aer Powder BA	55-14 MCG/ACT	Medicaid
Airduo respiclick 113/14	Fluticasone-Salmeterol Aer Powder BA 113-14 MCG/ACT	113-14 MCG/ACT	Medicaid
Airduo respiclick 232/14	Fluticasone-Salmeterol Aer Powder BA 232-14 MCG/ACT	232-14 MCG/ACT	Medicaid
Airduo respiclick 55/14	Fluticasone-Salmeterol Aer Powder BA 55-14 MCG/ACT	55-14 MCG/ACT	Medicaid
Airsupra	albuterol-budesonide inhalation aerosol	90-80 MCG/ACT	Medicaid
Alvesco	Ciclesonide Inhal Aerosol 160 MCG/ACT	160 MCG/ACT	Medicaid
Alvesco	Ciclesonide Inhal Aerosol 80 MCG/ACT	80 MCG/ACT	Medicaid
Anoro ellipta	Umeclidinium-Vilanterol Aero Powd BA 62.5-25 MCG/INH	62.5-25 MCG/ACT	Medicaid
Armonair digihaler	Fluticasone Propionate Aer Pow BA	113 MCG/ACT	Medicaid
Armonair digihaler	Fluticasone Propionate Aer Pow BA	55 MCG/ACT	Medicaid
Armonair digihaler	Fluticasone Propionate Aer Pow BA	232 MCG/ACT	Medicaid
Arnuity ellipta	Fluticasone Furoate Aerosol Powder Breath Activ 100 MCG/ACT	100 MCG/ACT	Medicaid

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Arnuity ellipta	Fluticasone Furoate Aerosol Powder Breath Activ 200 MCG/ACT	200 MCG/ACT	Medicaid
Arnuity ellipta	Fluticasone Furoate Aerosol Powder Breath Activ 50 MCG/ACT	50 MCG/ACT	Medicaid
Asmanex hfa	Mometasone Furoate Inhal Aerosol Suspension 100 MCG/ACT	100 MCG/ACT	Medicaid
Asmanex hfa	Mometasone Furoate Inhal Aerosol Suspension 200 MCG/ACT	200 MCG/ACT	Medicaid
Asmanex hfa	Mometasone Furoate Inhal Aerosol Suspension 50 MCG/ACT	50 MCG/ACT	Medicaid
Asmanex twisthaler 120 me ; Asmanex twisthaler 14 met ; Asmanex twisthaler 30 met ; Asmanex twisthaler 60 met	Mometasone Furoate Inhal Powd 220 MCG/INH (Breath Activated)	220 MCG/INH	Medicaid
Asmanex twisthaler 30 met	Mometasone Furoate Inhal Powd 110 MCG/INH (Breath Activated)	110 MCG/INH	Medicaid
Atrovent hfa	Ipratropium Bromide HFA Inhal Aerosol 17 MCG/ACT	17 MCG/ACT	Medicaid
Bevespi aerosphere	Glycopyrrolate-Formoterol Fumarate Aerosol 9-4.8 MCG/ACT	9-4.8 MCG/ACT	Medicaid
Breo ellipta	fluticasone furoate-vilanterol aero powd ba	50-25 MCG/INH	Medicaid
Breo ellipta	Fluticasone Furoate-Vilanterol Aero Powd BA 100-25 MCG/INH	100-25 MCG/ACT	Medicaid
Breo ellipta	Fluticasone Furoate-Vilanterol Aero Powd BA 100-25 MCG/INH	100-25 MCG/ACT	Medicaid
Breo ellipta	Fluticasone Furoate-Vilanterol Aero Powd BA 200-25 MCG/INH	200-25 MCG/ACT	Medicaid
Breo ellipta	Fluticasone Furoate-Vilanterol Aero Powd BA 200-25 MCG/INH	200-25 MCG/ACT	Medicaid
Breyna ; Symbicort	Budesonide-Formoterol Fumarate Dihyd Aerosol 160-4.5 MCG/ACT	160-4.5 MCG/ACT	Medicaid
Breyna ; Symbicort	Budesonide-Formoterol Fumarate Dihyd Aerosol 80-4.5 MCG/ACT	80-4.5 MCG/ACT	Medicaid
Breztri aerosphere	Budesonide-Glycopyrrolate-Formoterol Aers	160-9-4.8 MCG/ACT	Medicaid
Combivent respimat	Ipratropium-Albuterol Inhal Aerosol Soln 20-100 MCG/ACT	20-100 MCG/ACT	Medicaid
Duaklir pressair	Acidinium Br-Formoterol Fum Aero Pow Br Act 400-12 MCG/ACT	400-12 MCG/ACT	Medicaid
Dulera	Mometasone Furoate-Formoterol Fumarate Aerosol 100-5 MCG/ACT	100-5 MCG/ACT	Medicaid
Dulera	Mometasone Furoate-Formoterol Fumarate Aerosol 200-5 MCG/ACT	200-5 MCG/ACT	Medicaid
Dulera	Mometasone Furoate-Formoterol Fumarate Aerosol 50-5 MCG/ACT	50-5 MCG/ACT	Medicaid
Flovent diskus	Fluticasone Propionate Aer Pow BA 100 MCG/BLISTER	100 MCG/ACT ; 100 MCG/BLIST	Medicaid
Flovent diskus	Fluticasone Propionate Aer Pow BA 250 MCG/BLISTER	250 MCG/ACT ; 250 MCG/BLIST	Medicaid
Flovent diskus	Fluticasone Propionate Aer Pow BA 50 MCG/BLISTER	50 MCG/ACT ; 50 MCG/BLIST	Medicaid
Flovent hfa	Fluticasone Propionate HFA Inhal Aer 110 MCG/ACT (125/Valve)	110 MCG/ACT	Medicaid
Flovent hfa	Fluticasone Propionate HFA Inhal Aer 220 MCG/ACT (250/Valve)	220 MCG/ACT	Medicaid
Flovent hfa	Fluticasone Propionate HFA Inhal Aero 44 MCG/ACT (50/Valve)	44 MCG/ACT	Medicaid
Incruse ellipta	Umeclidinium Br Aero Powd Breath Act 62.5 MCG/INH (Base Eq)	62.5 MCG/INH	Medicaid
Proair digihaler	Albuterol Sulfate Aer Pow BA	108 MCG/ACT	Medicaid
Proair hfa ; Proventil hfa ; Ventolin hfa	Albuterol Sulfate Inhal Aero 108 MCG/ACT (90MCG Base Equiv)	108 MCG/ACT	Medicaid
Proair respiclick	Albuterol Sulfate Aer Pow BA 108 MCG/ACT (90 MCG Base Equiv)	108 MCG/ACT	Medicaid

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Pulmicort flexhaler	Budesonide Inhal Aero Powd 180 MCG/ACT (Breath Activated)	180 MCG/ACT	Medicaid
Pulmicort flexhaler	Budesonide Inhal Aero Powd 90 MCG/ACT (Breath Activated)	90 MCG/ACT	Medicaid
Qvar redihaler	Beclomethasone Diprop HFA Breath Act Inh Aer 40 MCG/ACT	40 MCG/ACT	Medicaid
Qvar redihaler	Beclomethasone Diprop HFA Breath Act Inh Aer 80 MCG/ACT	80 MCG/ACT	Medicaid
Serevent diskus	Salmeterol Xinafoate Aer Pow BA 50 MCG/DOSE (Base Equiv)	50 MCG/DOSE	Medicaid
Spiriva handihaler	Tiotropium Bromide Monohydrate Inhal Cap 18 MCG (Base Equiv)	18 MCG	Medicaid
Spiriva respimat	Tiotropium Bromide Monohydrate Inhal Aerosol 1.25 MCG/ACT	1.25 MCG/ACT	Medicaid
Spiriva respimat	Tiotropium Bromide Monohydrate Inhal Aerosol 2.5 MCG/ACT	2.5 MCG/ACT	Medicaid
Stiolto respimat	Tiotropium Br-Olodaterol Inhal Aero Soln 2.5-2.5 MCG/ACT	2.5-2.5 MCG/ACT	Medicaid
Striverdi respimat	Olodaterol HCl Inhal Aerosol Soln 2.5 MCG/ACT (Base Equiv)	2.5 MCG/ACT	Medicaid
Trelegy ellipta	Fluticasone-Umeclidinium-Vilanterol AEPB	200-62.5-25 MCG/ACT	Medicaid
Trelegy ellipta	Fluticasone-Umeclidinium-Vilanterol AEPB 100-62.5-25 MCG/INH	100-62.5-25 MCG/ACT	Medicaid
Tudorza pressair	Acidinium Bromide Aerosol Powd Breath Activated 400 MCG/ACT	400 MCG/ACT	Medicaid
Xopenex hfa	Levalbuterol Tartrate Inhal Aerosol 45 MCG/ACT (Base Equiv)	45 MCG/ACT	Medicaid

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

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

