



Nasal Inhalers Quantity Limit Program Summary

Quantity limits apply to FlexRx Closed, FlexRx Open, FocusRx, GenRx Closed, GenRx Open, Health Insurance Marketplace, and KeyRx.

POLICY REVIEW CYCLE

Effective Date
03-01-2024

Date of Origin
10-01-2015

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
	Azelastine HCl Nasal Spray 0.1% (137 MCG/SPRAY)	0.1 % ; 137 MCG/SPRAY	2	Bottles	30	DAYS			
	Flunisolide Nasal Soln 25 MCG/ACT (0.025%)	0.025 %	3	Bottles	30	DAYS			
	Ipratropium Bromide Nasal Soln 0.03% (21 MCG/SPRAY)	0.03 %	2	Bottles	30	DAYS			
	Ipratropium Bromide Nasal Soln 0.06% (42 MCG/SPRAY)	0.06 %	3	Bottles	30	DAYS			
Allergy nasal spray 24 ho ; Allergy relief ; Clarispray ; Cvs fluticasone propionat ; Cvs fluticasone propiona ; Eq allergy relief ; Eq fluticasone propionat ; Flonase allergy relief ; Flonase allergy relief ch ; Gnp fluticasone propionat ; Goodsense 24-hour allergy ; Hm allergy relief nasal s ; Kls aller-flo ; Qc allergy relief ; Sm allergy relief nasal s	Fluticasone Propionate Nasal Susp 50 MCG/ACT	50 MCG/ACT	1	Bottle	30	DAYS			
Astepro ; Astepro childrens	Azelastine HCl Nasal Spray 0.15% (205.5 MCG/SPRAY)	0.15 % ; 205.5	2	Bottles	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/SPRAY							
Beconase aq	Beclomethasone Dipropionate Monohyd Nasal Susp 42 MCG/SPRAY	42 MCG/SPRAY	2	Bottles	30	DAYS			
Dymista	Azelastine HCl-Fluticasone Prop Nasal Spray 137-50 MCG/ACT	137-50 MCG/ACT	1	Bottle	30	DAYS			
Nasonex 24hr	Mometasone Furoate Nasal Susp 50 MCG/ACT	50 MCG/ACT	2	Bottles	30	DAYS			
Omnaris	Ciclesonide Nasal Susp 50 MCG/ACT	50 MCG/ACT	1	Bottle	30	DAYS			
Patanase	Olopatadine HCl Nasal Soln 0.6%	0.6 %	1	Bottle	30	DAYS			
Qnasl	Beclomethasone Dipropionate Nasal Aerosol 80 MCG/ACT	80 MCG/ACT	1	Canister	30	DAYS			
Qnasl childrens	Beclomethasone Dipropionate Nasal Aerosol 40 MCG/ACT	40 MCG/ACT	1	Canister	30	DAYS			
Ryaltris	Olopatadine HCl-Mometasone Furoate Nasal Susp	665-25 MCG/ACT	1	Bottle	30	DAYS			
Zetonna	Ciclesonide Nasal Aerosol Soln 37 MCG/ACT (50 MCG/Valve)	37 MCG/ACT	1	Canister	30	DAYS			

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	Azelastine HCl Nasal Spray 0.1% (137 MCG/SPRAY)	0.1 % ; 137 MCG/SPRAY	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Flunisolide Nasal Soln 25 MCG/ACT (0.025%)	0.025 %	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Ipratropium Bromide Nasal Soln 0.03% (21 MCG/SPRAY)	0.03 %	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
	Ipratropium Bromide Nasal Soln 0.06% (42 MCG/SPRAY)	0.06 %	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Allergy nasal spray 24 ho ; Allergy relief ; Clarispray ; Cvs fluticasone propionat ; Cvs fluticasone propriona ; Eq allergy relief ; Eq fluticasone propionat ; Flonase allergy relief ; Flonase allergy relief ch ; Gnp fluticasone propionat ; Goodsense 24-hour allergy ; Hm allergy	Fluticasone Propionate Nasal Susp 50 MCG/ACT	50 MCG/ACT	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
relief nasal s ; Kls aller-flo ; Qc allergy relief ; Sm allergy relief nasal s			
Astebro ; Astebro childrens	Azelastine HCl Nasal Spray 0.15% (205.5 MCG/SPRAY)	0.15 % ; 205.5 MCG/SPRAY	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Beconase aq	Beclomethasone Dipropionate Monohyd Nasal Susp 42 MCG/SPRAY	42 MCG/SPRAY	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Dymista	Azelastine HCl-Fluticasone Prop Nasal Spray 137-50 MCG/ACT	137-50 MCG/ACT	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Nasonex 24hr	Mometasone Furoate Nasal Susp 50 MCG/ACT	50 MCG/ACT	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Omnaris	Ciclesonide Nasal Susp 50 MCG/ACT	50 MCG/ACT	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Patanase	Olopatadine HCl Nasal Soln 0.6%	0.6 %	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Qnasl	Beclomethasone Dipropionate Nasal Aerosol 80 MCG/ACT	80 MCG/ACT	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Qnasl childrens	Beclomethasone Dipropionate Nasal Aerosol 40 MCG/ACT	40 MCG/ACT	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Ryaltris	Olopatadine HCl-Mometasone Furoate Nasal Susp	665-25 MCG/ACT	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Zetonna	Ciclesonide Nasal Aerosol Soln 37 MCG/ACT (50 MCG/Valve)	37 MCG/ACT	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
QL	<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"> The requested quantity (dose) does NOT exceed the program quantity limit OR

Module	Clinical Criteria for Approval
	<p>2. The requested quantity (dose) exceeds the program quantity limit AND ONE of the following:</p> <ul style="list-style-type: none"> A. BOTH of the following: <ul 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 B. BOTH of the following: <ul style="list-style-type: none"> 1. The requested quantity (dose) exceeds 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>