



# PEDIATRIC ASTHMA & COPD INDIANA MEDICAID FORMULARY

MEDICATION OPTIONS	SHORT ACTING BETA AGONISTS	INHALED CORTICOSTEROIDS (ICS)	ANTI-CHOLINERGICS	LONG ACTING BETA AGONISTS	BETA AGONIST & ANTI-CHOLINERGICS	BETA AGONIST & ICSs	ORAL
PREFERRED FORMULARY	ALBUTEROL NEB SOLUTION LEVALBUTEROL HFA VENTOLIN HFA	ARNUITY ELLIPTA BUDESONIDE NEB FLOVENT DISKUS FLOVENT HFA PULMICORT NEB	IPRATROPIUM NEB SOLUTION SPIRIVA RESPIMAT	ARCAPTA NEOHALER SEREVENT DISKUS STRIVERDI RESPIMAT	BREO ELLIPTA COMBIVENT RESPIMAT IPRATROPIUM - ALBUTEROL NEB STIOLTO RESPIMAT	ADVAIR DISKUS 100/50 AIRDUO RESPICLICK BREO ELLIPTA DULERA	MONTELUKAST (SINGULAIR) ZAFIRLUKAST (ACCOLATE) ALBUTEROL METAPROTERENOL TERBUTALINE THEOPHYLLINE CROMOLYN SODIUM
NON-PREFERRED	LEVALBUTEROL NEB PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA	ALVESCO ARMONAIR RESPICLICK ASMANEX ASMANEX HFA PULMICORT FLEXHALER *QVAR REDIHALER	INCRUSE ELLIPTA SEEBRI NEOHALER TUDORZA PRESSAIR SPIRIVA HANDHALER	BROVANA FORADIL AEROLIZER PERFORMIST	ANORO ELLIPTA UTIBRON NEOHALER	ADVAIR DISKUS 250 & 500/50 ADVAIR HFA SYMBICORT	DALIRESP ZYFLO

**\*QVAR is non-preferred agent; however, prior authorization is not required for members age 12 or less.**

To see the list of all preferred drugs, please visit <https://www.caresource.com/providers/indiana/medicaid/patient-care/pharmacy/> and click on the appropriate PDL under Formularies.

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