

# Quick Reference Drug List:

## Asthma/COPD Agents



**P**each State Health Plan has compiled a list of available products used to treat this condition. This reference will help identify preferred products, in addition to some limitations or step-therapies when a product requires a prior authorization. Any non-PDL product will require the trial and failure of two PDL agents be documented on a prior authorization review. **Generic products are preferred.**

Prior Authorizations should be sent to **Pharmacy Services:**

Prior Authorization Phone: 866-399-0928 Prior Authorization Fax: 833-582-2342

DRUG NAME	INGREDIENT	DOSAGE FORM/STRENGTH	MEDICAID PDL STATUS	LIMITS & RESTRICTIONS
<b>Short Acting Beta Adrenergic Agonists (SABA)</b>				
Albuterol Sulfate	Albuterol Sulfate	Neb Sol: 0.63 mg/3ml, 1.25mg/3ml, 0.083% (2.5mg/3ml), 0.5% (2.5mg/0.5ml) Syr: 2 mg/5ml Tabs: 2mg, 4 mg ER Tabs: 4 mg, 8 mg	Yes	QL: 375ml per 30 day (0.63mg/3ml and 1.25mg/3ml only); QL: 12.5 ml per day (0.083% only)
Alupent®	Metaproterenol	Tabs: 10mg, 20 mg	No	PA Required
Terbutaline	Terbutaline	Tabs: 2.5 mg, 5mg	Yes	None
ProAir HFA®	Albuterol sulfate	Aero sol: 90 mcg/act	Yes	QL: 8.5gm per fill retail, 17gm per 30 days retail
ProAir Respiclick®	Albuterol sulfate	Aero sol: 90 mcg/act	Yes	QL: 1 each per fill, retail, 2 each per 30 days.AL: At least 4 years old up to 18 years old
Proventil HFA®	Albuterol sulfate	Aero sol: 90 mcg/act	Yes	QL: 6.7gm per fill retail, 13.4gm per 30 days retail
Ventolin HFA®	Albuterol Sulfate	Aero sol: 90 mcg/act	Yes	QL: 18gm per fill retail, 36gm per 30 days retail
Xopenex®	Levalbuterol	Neb sol: 0.31mg/3ml, 0.63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	No	PA Required
Xopenex HFA®	Levalbuterol	Aero sol: 45 mcg/act	Yes	QL: 0.5 gm per day
<b>Long-Acting Beta Adrenergic Agonist (LABA)</b>				
Arcapta Neohaler®	Indacaterol	Caps for inhalation: 75mcg	No	PA Required

# Quick Reference Drug List: Asthma/COPD Agents



Prior Authorizations should be sent to **Pharmacy Services**:

Prior Authorization Phone: 866-399-0928    Prior Authorization Fax: 833-582-2342

DRUG NAME	INGREDIENT	DOSAGE FORM/STRENGTH	MEDICAID PDL STATUS	LIMITS & RESTRICTIONS
Brovana®	Arformoterol	Neb Sol: 15mcg/2ml	No	PA Required
Perforomist®	Formoterol Fumarate Dihydrate	Neb Sol: 20mcg/2ml	No	PA Required
Striverdi Respimat®	Olodaterol	Aero sol: 2.5mcg/act	No	PA Required
Serevent Diskus®	Salmeterol Xinafoate	Aero powder for inh: 50mcg/dose	Yes	QL(60 ea per fill retail)
<b>Long-Acting Muscarinic Antagonist (LAMA)</b>				
Incruse Ellipta®	Umeclidinium	Aero powder for inh: 62.5 mcg/inh (7 or 30 blisters)	Yes	QL: 1 each daily
Lonhala Magnair®	Glycopyrrolate	Inh sol: 25 mcg/mL	No	PA Required
Seebri Neohaler®	Glycopyrrolate	Caps for inhalation: 15.6 mcg	No	PA Required
Spiriva HandiHaler®	Tiotropium	Caps for inhalation: 18mcg	No	PA Required
Spiriva Respimat®	Tiotropium	MDI: 1.25mcg/act, 2.5mcg/act	No	PA Required
Tudorza Pressair®	Aclidinium	Aero powder for inh: 400 mcg/act	Yes	QL: 1 each per 30 days retail
Yupelri®	Revefenacin	Inh sol: 175mcg/3ml	No	PA Required
<b>Inhalation Corticosteroids</b>				
Aerospan®	Flunisolide HFA	Aero susp: 80mcg	No	PA Required
Alvesco®	Ciclesonide MDI	Aero sol: 80mcg/act, 160mcg/act	No	PA Required
Arnuity Ellipta®	Fluticasone Furoate DPI	Powder for inh: 50mcg/act, 100mcg/act, 200mcg/act	Yes	QL: 1 each daily
Atrovent®	Ipratropium Bromide Soln	0.02% Neb Soln	Yes	QL: 375ml per 20 days retail
Atrovent HFA®	Ipratropium HFA	17mcg/act	Yes	QL:25.8gm per fill
Asmanex Twisthaler®	Mometasone DPI	Powder for inh: 110mcg/act, 220mcg/act	No	PA Required
Asmanex HFA®	Mometasone HFA	Aero susp: 50mcg/act, 100mcg/act, 200mcg/act	Yes	QL: 0.44gm daily
Flovent HFA®	Fluticasone Propionate HFA	Aero susp: 44mcg/act, 110mcg/act, 220mcg/act	Yes	QL: 12gm per fill (110, 220mcg); 10.6gm per fill (44mcg) AL: Up to 12 years old
Flovent Diskus®	Fluticasone Propionate DPI	Powder for inh: 50mcg/act, 100mcg/act, 250mcg/act	Yes	None
Pulmicort Flexhaler®	Budesonide DPI	Powder for inh: 90mcg/act, 180mcg/act	No	PA Required

## Quick Reference Drug List: Asthma/COPD Agents

Prior Authorizations should be sent to **Pharmacy Services**:

Prior Authorization Phone: 866-399-0928    Prior Authorization Fax: 833-582-2342

DRUG NAME	INGREDIEN	DOSAGE FORM/STRENGTH	MEDICAID PDL STATUS	LIMITS & RESTRICTIONS
Pulmicort Respules®	Budesonide Nebs	Inh susp: 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	Yes	QL: 120ml per fill retail; AL: at least 1 years old to up to 8 years old
Qvar RediHaler®	Beclometasone	MDI: 40mcg, 80 mcg	Yes	QL: 0.36gm daily(40mcg); 0.72gm daily (80mcg)
<b>Inhalation Corticosteroids/SABA Combinations</b>				
Airsupra®	Albuterol/Budesonide	Aero sol: 90 mcg/80mcg/act	No	PA Required
<b>Inhalation Corticosteroids/LABA Combinations</b>				
Advair Diskus®	Fluticasone Propionate/Salmeterol DPI	Powder for inh: 100mcg/50mcg, 250mcg/50mcg, 500mcg/50mcg	Yes	QL: 2each daily, 60 per 30 days retail
Advair HFA®	Fluticasone Propionate/Salmeterol HFA	Inh susp: 45mcg/21mcg, 115mcg/21mcg, 230mcg/21mcg	No	PA Required
Airduo Digihaler	Fluticasone Propionate/Salmeterol	Powder for inh: 55mcg/14mcg, 113mcg/14mcg, 232mcg/14mcg	No	PA Required
Airduo Respiclick®	Fluticasone Propionate/Salmeterol DPI	Powder for inh: 55mcg/14mcg, 113mcg/14mcg, 232mcg/14mcg	No	PA Required
Breo Ellipta®	Fluticasone Furoate/Vilanterol DPI	Powder for inh: 100mcg/25mcg, 200mcg/25mcg	No	PA Required
Dulera®	Mometasone/Formoterol HFA	Powder for inh: 100mcg/5mcg, 200mcg/5mcg	No	PA Required
Symbicort®	Budesonide/Formoterol HFA Breyna®	Powder for inh: 80mcg/4.5mcg, 160mcg/4.5mcg	Yes	QL: 10.2 gm per fill QL: 1 inhaler per month (Breyna only)
Symbicort Aerosphere®	Budesonide/Formoterol	Powder for inh., 160mcg/4.8mcg	No	PA Required
<b>LAMA/LABA Combinations</b>				
Anoro Ellipta®	Umeclidinium/vilanterol	Aero powder for inh: 62.5mcg/25mcg	No	PA Required
Bevespi Aerosphere®	Glycopyrrolate/formoterol	Aero for inh: 9mcg/4.8mcg	No	PA Required
Stiolto Respimat®	Tiotropium/olodaterol	Aero for inh: 2.5mcg/2.5mcg	No	PA Required
Utibron Neohaler®	Glycopyrrolate/indacaterol	Caps for inh: 15.6mcg/27.5mcg	No	PA Required
<b>LAMA/LABA/Inhalation Corticosteroids Combinations</b>				
Breztri Aerosphere	Budesonide/glycopyrrolate/formoterol fumarate	MDI: 160mcg/9mcg/4.8mcg	No	PA Required
Trelegy Ellipta®	Fluticasone furoate/umeclidinium/vilanterol	Aero powder for inh: 100mcg/62.5mcg/25mcg, 200mcg/62.5/25mcg	No	PA Required

## Quick Reference Drug List: Asthma/COPD Agents

Prior Authorizations should be sent to **Pharmacy Services**:

Prior Authorization Phone: 866-399-0928    Prior Authorization Fax: 833-582-2342

Mast Cell Stabilizer				
Intal®	Cromolyn Inhaled	Neb Sol: 20mg/2ml	Yes	QL: 8 per day
DRUG NAME	INGREDIENT	DOSAGE FORM/STRENGTH	MEDICAID PDL STATUS	LIMITS & RESTRICTIONS
Leukotriene Modifiers				
Accolate®	Zafirlukast	Tab: 10mg, 20mg	No	PA Required
Singulair®	Montelukast	Tab: 10mg Chew: 4mg, 5mg Packet: 4mg	Yes	QL: 1 each daily
Zyflo®	Zileuton	Tab: 600mg	No	PA Required
Zyflo CR®	Zileuton	ER tab: 600mg	No	PA Required
Monoclonal Antibodies				
Cinqair®	Reslizumab	Inj Sol: 100mg/10mL	Yes	PA Required; SP
Dupixent®	Dupilumab	Inj Sol: 200mg/1.14ml, 300mg/2ml syringe; 300mg/2ml Prefilled Pen	No	PA Required; SP
Fasenra®	Benralizumab	Inj Sol: 30mg/ml	No	PA Required; SP
Nucala®	Mepolizumab	Inj Sol: 100mg	No	PA Required; SP
Tezspire®	Tezepelumab	Inj: 210mg/1.91ml syringe and vial	Yes	PA Required; SP
Xolair®	Omalizumab	Inj Sol: 75mg/0.5ml, 150mg/ml	Yes	PA Required; SP
Methylxanthines				
Elixophyllin®	Theophylline	Sol: 80mg/15ml	Yes	QL: 475ml per fill (generic only)
Theo-24®	Theophylline ER	ER-24H caps: 100mg, 200mg, 300mg, 400mg ER-24 tabs: 400mg, 600mg	Yes	None
Theochron®	Theophylline ER	ER-12H tabs: 100mg, 200mg, 300mg, 450mg	Yes	None

AL=Age Limits, Act=actuation, C= Custom restrictions, Caps=Capsules, Chew= Chewable, CR= Controlled Release, DR= Delayed Release, ER=Extended Release, GL=Gender Limit, GM=Gram IM=Intramuscular, Inh=Inhaler, Inj=Injection, LA= Long-Acting, MDD=Max Daily Dose, MDS=Max Days' Supply, MFL= Max Fill Limit, MG=Milligram, MPL=Max Package Limit, PA=Prior Authorization, Pack=Packets, PFS=Pre-Filled Syringe, QL=Quantity Limits, Oint=Ointment, ODT=Oral Disintegrating Tablet, S= Specialty Drug, Sol=Solution, SC=Subcutaneous, SR=Sustained Release, SL=Sublingual, SP=Specialty, ST=Step Therapy, Susp=Suspension, Syr=Syrup, Tabs=Tablets, TD=Transdermal, TR=timed Release, XL= Extended Release, XR=Extended Release

*For the most current program description you may call Member Services at 1-800-704-1484 (TTY/TTD 1-800-255-0056) or visit the Peach State Health Plan website at [www.pshp.com](http://www.pshp.com)*