

Inhaled Anticholinergics

| <i>Product Name</i> | <i>Preferred Drug List</i> | <i>Medicaid</i> | <i>Health Choice</i> | <i>ABW: Wayne, Macomb</i> | <i>Plan B: Wayne, Macomb</i> |
|---|----------------------------|-----------------|----------------------|---------------------------|------------------------------|
| Spiriva® HandiHaler® | √ | FA (QL) | FA (QL) | NF | NF |
| Atrovent® HFA, Ipratropium solution for inhalation | | FA (QL) | FA (QL) | FA (QL) | FA (QL) |
| Combivent | | FA (QL) | FA (QL) | FA (QL) | NF |

Generics are **bolded**

*√ = Preferred Drug

*FA = Formulary

*PA = Prior Authorization required

*NF = Not on Formulary

*ST = Step Therapy

*QL = Quantity Limits