

Inhaled Corticosteroids

<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>
Advair [®] Diskus, Advair [®] HFA		PA (QL)	PA (QL)	PA (QL)	PA (QL)
Asmanex [®] Twisthaler		FA (QL)	FA (QL)	FA (QL)	FA (QL)
Dulera		FA (ST,QL)	FA (ST,QL)	FA (ST,QL)	FA (ST,QL)
Flovent [®] HFA		FA (QL)	FA (QL)	NF	NF
Pulmicort Respules [®] (Age less than 7)		FA (QL)	FA (QL)	NF	NF
QVAR [®]		FA (QL)	FA (QL)	FA (QL)	FA (QL)
Symbicort [®]		FA (ST,QL)	FA (ST,QL)	FA (ST,QL)	FA (ST,QL)

Generics are **bolded**

*√ = Preferred Drug

*FA = Formulary

*PA = Prior Authorization required

*NF = Not on Formulary

*ST = Step Therapy

*QL = Quantity Limits