

Medicaid Preferred Asthma Medications

	ICS								Combination								Misc	
	Budesonide Suspension	Arnunty Eliipta	Asmanex HFA	Asmanex Twisthaler	Flovent HFA	Flovent Diskus	Pulmicort Flexhaler	Ovar Redihaler (min 8 yrs)	Advair HFA	Advair Diskus	Air Duo Resplick	Breo Eliipta	Dulera	Symbicort	Wexila Inhub	Levalbuterol	Spiriva Respiant	Website last update
KENTUCKY MEDICAID																		
Aetna Better Health	Max 5yrs	√			Max 12yrs			√			generic	Min 18yrs		generic				1-Jun
Anthem	Max 5yrs	√			√	√				generic	generic	√		generic	√		√	1-May
Humana	√	√								generic	generic	√	√		√			2-Jun
KY Medicaid	√			√	√					√			√	√			√	26-May
Passport	√	√	PA		PA			√	PA	generic	generic	√		generic	√	√	PA	Apr-20
Wellcare	Max 8yrs	√			Max 12yrs			√		generic	generic Min 12 yrs			generic Max 12 yrs	√	√		1-Apr
INDIANA MEDICAID																		
Anthem	< 6yrs			< 6yrs	√	√			4-11yrs		generic						√	1-Apr
Optum Rx	Max 3yrs	√	√	√	√		√		45/21 & 115/21	100/50 & 250/50			√	√		ST		1-Apr
Caresource	√	√			√	√				generic	generic	√	√		√	√	√	1-Apr
MHS	Max 8yrs	√	√		√	√	√	√		generic	√	√	√	generic	√		√	1-Apr
MD Wise	√	√	√		< 12yrs	< 12yrs		√	√	generic	generic	√	√	generic	√		√	1-Apr
COMMERICAL / OTHER																		
Anthem		√			√	√		√	√	√		√	√	√				
Humana		√			√	√		√	√	√	√	√		√	√			
Tricare					√	√			√	√								
Passport - < 10yrs of age with documentation the patient requires spacer mask submit PA for Flovent HFA or Asmanex HFA.																		
KY Humana Medicaid list may not include all preferred medications.																		

