

Neighborhood Pharmacy Department Update

As of June 1st, 2019, the Pharmacy Department is removing the age limit on Flovent HFA and is adding the following once daily inhalation inhalers to the Medicaid formulary: Arnuity Ellipta, Breo Ellipta, Anoro Ellipta, Incruse Ellipta, and Trelegy Ellipta.

Please see below for the formulary status of commonly used inhalers.

Inhaled Corticosteroid (ICS) Agents

Drug Name	Medicaid	Exchange	MMP
Alvesco	Non Formulary	Non Formulary	Non Formulary
Arnuity	Formulary	Non Formulary	Formulary with QL
Asmanex HFA	Formulary	Formulary with QL	Non Formulary
Asmanex Twisthaler	Formulary with QL	Formulary with QL	Non Formulary
Flovent Diskus	Formulary	Non Formulary	Formulary with QL
Flovent HFA	Formulary with QL	Non Formulary	Formulary with QL
Pulmicort Flexhaler	Formulary	Non Formulary	Formulary with QL
Qvar HFA 40mcg	Formulary with QL	Non Formulary	Non Formulary
Qvar HFA 80mcg	Formulary	Non Formulary	Non Formulary
Qvar Redihaler	Formulary with QL	Formulary with QL	Non Formulary

Long-Acting Beta2-Agonist Agents

Drug Name	Medicaid	Exchange	MMP
Serevent	Formulary	Non Formulary	Formulary with QL
Striverdi	Formulary	Formulary with QL	Non Formulary

Long-Acting and Short Acting Muscarinic Antagonist Agents

Drug Name	Medicaid	Exchange	MMP
Atrovent HFA	Non Formulary	Non Formulary	Formulary with QL
Incruse Ellipta	Formulary	Formulary with QL	Formulary with QL
Spiriva Handihaler	Formulary with ST	Formulary with QL	Non Formulary
Spiriva Respimat	Formulary	Formulary with QL	Non Formulary
Tudorza Pressair	Non Formulary	Non Formulary	Non Formulary

Key

Formulary – Formulary without Restriction

Formulary with QL – Formulary with Quantity Limit

Formulary with ST – Formulary with Step Therapy

Inhaled Corticosteroid and Long Acting Beta2-Agonist (ICS/LABA) Agents

Drug Name	Medicaid	Exchange	MMP
Advair Diskus	Non Formulary	Formulary with QL	Formulary with QL
Advair HFA	Formulary with ST	Formulary with QL	Formulary with QL
Fluticasone-Salmeterol HFA (AirDuo HFA)	Formulary with QL	Non Formulary	Non Formulary
Fluticasone-Salmeterol (Advair Generic)	Formulary	Non Formulary	Non Formulary
Wixela Inhub	Formulary	Non Formulary	Non Formulary
Breo Ellipta	Formulary with ST	Formulary with QL	Formulary with QL
Dulera	Formulary with ST	Non Formulary	Non Formulary
Symbicort	Formulary with ST	Formulary with QL	Formulary with QL

Combination Muscarinic Antagonist and Beta2- Agonist Agents

Drug name	Medicaid	Exchange	MMP
Anoro Ellipta	Formulary	Non Formulary	Formulary with QL
Stiolto Respimat	Formulary	Non Formulary	Non Formulary
Combivent	Formulary	Formulary with QL	Formulary with QL
Bevespi Aerosphere	Non Formulary	Formulary with QL	Formulary with QL

Long-Acting Muscarinic Antagonist/Long-Acting Beta2-Adrenergic Agonist/Inhaled Corticosteroid (LAMA/LABA/ICS) Agents

Drug name	Medicaid	Exchange	MMP
Trelegy Ellipta	Formulary	Non Formulary	Formulary with QL

For additional questions or concerns, please reach out to the
Neighborhood Pharmacy Department at: 401-427-8200

Key

Formulary – Formulary without Restriction

Formulary with QL – Formulary with Quantity Limit

Formulary with ST – Formulary with Step Therapy