








Recommended Agents for Asthma and COPD on MediCal Rx Covered Drug List (CDL) and SFHP Healthy Workers HMO (HW) Formulary

Class	Regimen	(A) Asthma (C) COPD	MediCal-Rx CDL	HW Formulary Placement
LABA 	Striverdi® Respimat® (olodaterol) 2.5mcg/act mist inhaler	(A) (C)	F, LR (NDC labeler code 00597)	T2-F QPD 0.15/d
LABA + ICS 	budesonide-formoterol HFA (Symbicort®) 80-4.5, 160-4.5mcg/act MDI	(A) (C)	F, LR (NDC labeler code 00186)	T1-F QPD 0.7/d
	fluticasone-salmeterol (Advair® Diskus®, Wixela® Inhub®) 100-50, 250-50, 500-50mcg/act DPI	(A) (C)	F, LR (NDC labeler code 00173)	T1-F QPD 2/d
	fluticasone-salmeterol (AirDuo® Respiclick®) 55-14, 113-14, 232-14mcg/act DPI	(A)	F, PA	T1-F QPD 0.04/d
LAMA 	ipratropium 0.02% 2.5mL neb/inh	(C)	F	T1-F QPD 11/d
	Spiriva® Respimat® (tiotropium) 1.25mcg/act mist inhaler 2.5mcg/act mist inhaler	(A) (C)	F	T2-F QPD 0.14/d
	Incruse® Ellipta® (umeclidinium) 62.5mcg/act DPI	(C)	F, PA	T2-F QPD 1/d
LABA + LAMA 	Stiolto® Respimat® (tiotropium-olodaterol) 2.5-12mcg/act mist inhaler	(C)	F	T2-F QPD 0.14/d
	Bevespi® Aerosphere® (glycopyrrolate-formot) 9-4.8mcg/act HFA MDI	(C)	F	T2-F QPD 0.36/d
LABA + LAMA + ICS	Trelegy® Ellipta® (fluticasone-umeclidinium-vilanterol) 100-62.5-25, 200-62.5-25mcg/inh DPI	(A) (C)	F, PA	T3-F/ST (LAMA, LABA, and ICS) QPD 2/d

AL = Age limit; F = Formulary; LR = Labeler restriction; NF = Non-Formulary; T1-F = Formulary generic, no restrictions; T2-F = Formulary brand, no restrictions; T3-F/ST = Formulary, Step Therapy; T3-F/PA = Formulary, Prior Authorization; QL = quantity limit; QPD = Quota per day

For more information call Customer Service at **1(415) 547-7800**

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ICS 	fluticasone propionate (Flovent® HFA) 110, 220mcg/act MDI	(A)	F	T1-F QPD 0.8/d
	fluticasone propionate (Flovent® HFA) 44 mcg/act MDI	(A)	F	T1-F QPD 0.71/d
	budesonide (Pulmicort Respules®) 0.25, 0.5mg/2mL neb/inh	(A)	F	T1-F QPD 4/d
	Qvar® RediHaler® HFA (beclomethasone) 40, 80mcg/act MDI	(A)	F, LR (NDC labeler code 59310)	T2-F QPD 0.8/d
	Arnuity® Ellipta® (fluticasone furoate) 50, 100, 200mcg/act DPI	(A)	F	T2-F QPD 2/d
	Flovent® Diskus® (fluticasone prop) 50, 100, 250mcg/act DPI	(A)	F	T2-F QPD 4/d
	Pulmicort Flexhaler® (budesonide) 90, 180mcg/act DPI	(A)	LR (NDC labeler code 00186), QL 1 container/30d for 90 mcg/act	T2-F QPD 0.07/d
	Asmanex® Twisthaler® (mometasone) 110, 220 mcg/act DPI	(A)	F	T2-F QPD 0.07/d
	Asmanex® HFA (mometasone) 50, 100, 200mcg/act MDI	(A)	F	T2-F QPD 0.9/d
	SABA 	albuterol HFA (Proair®, Proventil®, Ventolin®) 90mcg/act metered-dose inh (MDI)	(A) (C)	F
albuterol 2.5mg/3mL nebulization solution for inhalation		(A) (C)	F	T1-F QPD 18/d
albuterol 5mg/mL soln for neb/inh		(A) (C)	NF	T1-F QPD 5/d
albuterol 0.63mg/3mL, 1.25mg/3mL, 2.5mg/0.5mL neb/inh		(A) (C)	F	T1-F
levalbuterol HFA (Xopenex®) 45mcg/act MDI		(A) (C)	F	T3-F/ST (albuterol) QPD 1/d
levalbuterol (Xopenex®) 0.31mg/3mL neb/inh		(A) (C)	F	T3-F/ST (albuterol) QPD 8/d
levalbuterol (Xopenex®) 0.63mg/3mL, 1.25mg/3mL neb/inh		(A) (C)	F	T3-F/ST (albuterol) QPD 12/d
levalbuterol (Xopenex®) 1.25mg/0.5mL neb/inh		(A) (C)	F	T3-F/ST (albuterol) QPD 5/d
SABA + SAMA 	ipratropium-albuterol 0.5-3mg/3mL neb/inh	(A) (C)	F	T1-F QPD 19/d
	Combivent® Respimat® (ipratropium-albuterol) 20-100mcg/act mist inh	(A) (C)	F	T2-F QPD 0.2/d
Inhaled Mast Cell Stabilizer	cromolyn 20mg/2mL neb/inh	(A)	F	T1-F
	montelukast (Singulair®) 10mg tablet	(A)	F	T1-F
Leukotriene Receptor Antagonist				
PDE-4 Inhibitors	roflumilast (Daliresp®) 250, 500mcg tablet	(C)	F, PA	T3-F/PA

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