



Preferred Asthma Controller Medication List

Brand Name	Generic Name	Available Strengths	Dosage Forms	Prior Auth Needed?
INHALED CORTICOSTEROIDS **ONLY**				
budesonide	(budesonide)	0.25 mg/2 ml; 0.5mg/2 ml; 1mg/2 ml	nebulizer solution	No
ARNUITY ELLIPTA	(fluticasone furoate)	50 mcg, 100 mcg, 200 mcg	inhaler	No
QVAR	(beclomethasone dipropionate)	40 mcg, 80 mcg	inhaler	No
FLOVENT HFA	(fluticasone propionate)	44 mcg, 110 mcg, 220mcg	inhaler	Age restriction; for ages 1 – 7
INHALED CORTICOSTEROIDS COMBINATION				
fluticasone-salmeterol	(fluticasone-salmeterol)	55-14; 113-14; 232-14 mcg, 100-50; 250-50; 500-50 mcg	inhaler	No
WIXELA INHUB	(fluticasone propionate/salmeterol)	100-50; 250-50; 500-50 mcg	inhaler	No
LEUKOTRIENE RECEPTOR ANTAGONIST (LTRA)				
montelukast	(montelukast sodium)	4 mg, 5mg, 10 mg	chewable tab, tablet, granule	No
zafirlukast	(zafirlukast)	10 mg, 20 mg	tablet	No

NOTE: All of the above preferred medications are eligible for a 90 day fill at participating maintenance pharmacies