

Estimated Comparative Daily Dosages for Inhaled Corticosteroids*

If the medication is BOLDED it is covered without a prior authorization for patients on an Ohio Medicaid plan				Unless otherwise noted, doses represent the steroid component in <u>micrograms</u>					
Drug	Delivery Method	Strengths Available (inhalations/device)	Typical Dose Frequency	LOW <u>DAILY</u> DOSE		MEDIUM <u>DAILY</u> DOSE		HIGH <u>DAILY</u> DOSE	
				Child (5-11)^	Teen/Adult (12 and older)	Child (5-11)^	Teen/Adult (12 and older)	Child (5-11)^	Teen/Adult (12 and older)
Beclomethasone (QVAR® Redihaler™)	Breath-actuated	40 mcg (120) 80 mcg (120)	BID	80 - 160	80 - 240	>160 - 320	>240 - 480	>320	>480
Budesonide^G (Pulmicort Respules®)	Nebulized	0.25 mg/2 mL 0.5 mg/2 mL 1 mg/2 mL	Daily	0.5 mg		1 mg		2 mg	
Budesonide^G (Pulmicort Flexhaler™)	DPI Breath-actuated	90 mcg (60) 180 mcg (120)	BID	180 - 360	180 - 540	>360 - 720	>540 - 1,080	>720	>1,080
Budesonide/formoterol^G (Symbicort® HFA)	MDI Spacer compatible	80/4.5 mcg (120) 160/4.5 mcg (120)	BID	160 - 320	320	>320 - 640	640		
Ciclesonide (Alvesco®)	MDI Spacer compatible	80 mcg (60) 160 mcg (60)	BID	80	160	160	320	>160	640
Fluticasone propionate^G (Flovent® HFA)	MDI Spacer compatible	44 mcg (120) 110 mcg (120) 220 mcg (120)	BID	88 - 176	88 - 264	>176 - 440	>264 - 660	>440	>660
Fluticasone propionate^G (Flovent® Diskus®)	DPI Breath-actuated	50 (60) 100 (60) 250 (60)	BID	100 - 200	100 - 300	>200 - 400	>300 - 500	>400	>500
Fluticasone furoate (Arnuity™ Ellipta™)	DPI Breath-actuated	50 mcg (30) 100 mcg (30) 200 mcg (30)	Daily	50	100	100	200		

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				Child (5-11)^	Teen/Adult (12 and older)	Child (5-11)^	Teen/Adult (12 and older)	Child (5-11)^	Teen/Adult (12 and older)
Fluticasone furoate/vilanterol ^G (Breo™ Ellipta™)	DPI Breath-actuated	50/25 mcg (30) 100/25 mcg (30) 200/25 mcg (30)	Daily	50	100	100	200		
Fluticasone/salmeterol^G (Advair Diskus®)	DPI Breath-actuated	100/50 mcg (60) 250/50 mcg (60) 500/50 mcg (60)	BID	200	200	500	500	1000	1000
Fluticasone/salmeterol^G (Advair® HFA)	MDI Spacer compatible	45/21 mcg (120) 115/21 mcg (120) 230/21 mcg (120)	BID	90 - 180	180	460	460	920	920
Mometasone (Asmanex® Twisthaler®)	DPI Breath-actuated	110 mcg (multiple) 220 mcg (multiple)	Daily	110	220	220	>220 - 440	440	>440
Mometasone (Asmanex® HFA)	MDI Spacer compatible	50 mcg (120) 100 mcg (120) 200 mcg (120)	BID	100	200	200	400	400	>400
Mometasone/formoterol (Dulera® HFA)	MDI Spacer compatible	50/5 mcg (120) 100/5 mcg (120) 200/5 mcg (120)	BID	100	200	200	400	400	800

G: Generic is available. When generic and brand are available, Ohio Medicaid prefers brand over generic (except for Flovent®, since brand not in marketplace).
DPI: Dry powder inhaler. Breath-actuated inhalers are NOT compatible with a spacer, reserve for older children/teens.
MDI: Metered dose inhaler (compatible with a spacer)
HFA: Hydrofluoroalkane (propellant)

*When available, these comparative dosages were obtained from the 2007 NAEPP Expert Panel Report 3 (EPR3). If not available in EPR3, the 2023 Global Initiative for Asthma guidelines were referenced.
^For patients < 5 years old there are only equivalent dose recommendations in guidelines for fluticasone propionate HFA and nebulized budesonide. Follow the recommended child (5-11) dose for these medications. For other medications, please use clinical judgement when dosing patients < 5 years old.