

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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|--|-----------------------|---|-------|----------|-----|-----|------------|------|------|
| 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.