

## Asthma/Allergy Supplies, Formulary Medications and Disease Management Resources 12/2017

Brand names (in parentheses) are listed for reference. If available, only the generic product is covered. Please check the [WHP Drug Formulary](#) for a complete listing of dosages and medications.

### Asthma/Allergy Medications and Supplies

#### **Bronchodilators**

Albuterol (Pro Air HFA) inhaler; **QL 2/month**  
 Albuterol (Ventolin) tablets/0.83 mg/ml solution  
 Dyphylline (Lufyllin) tablets/elixer  
 Intal nebulizer solution  
 Ipratropium (Atrovent HFA) inhaler  
 Metaproterenol sulfate (alupent) tabs, syrup  
 Theophylline (Theodur/Elixophyllin) tablets

#### **Corticosteroids**

Dexamethasone (Decadron) tablet/elixer  
 Methylprednisone (Medrol 4 mg dosepak)  
 Prednisolone (Orapred) 15 mg/5 ml  
 Prednisone (Prednisone) tablets

#### **Inhaled Glucocorticoids**

Beclomethasone dipropionate (QVAR) inhaler  
 Fluticasone propionate (Flovent) inhaler **110 mcg only**

#### **Anaphylaxis Therapy**

Epinephrine (Epipen) 0.3 injection; **QL (2 injections/rx)**  
 Epinephrine (Epipen Jr 0.15 mg injection; **QL (2 injections/rx)**

#### **Nasal Corticosteroid**

Fluticasone Propionate (Flonase) nasal spray

#### **Prophylaxis Therapy**

Montelukast (Singulair) 4, 5 and 10 mg tabs

#### **Aerochamber (Spacer) QL 1/yr**

**Pneumococcal polysaccharide vaccine (PPSV)** is recommended for anyone 2 years of age and older with asthma; this is available at the Washtenaw County Public Health Dept. Call (734) 544-6700 to set up an appointment. There is a sliding fee scale.

### Formulary medications for conditions that may co-occur with or be exacerbated by asthma

#### **Antihistamines**

Cetirizine OTC (Zyrtec) **QL 30 tabs/month**  
 Clemastine Fumarate (Tavist)  
 Cyproheptadine (Periactin) tablets/syrup  
 Diphenhydramine (Benadryl) **50 mg cap only**  
 Fexofenadine (Allegra) **60 mg only**  
 Hydroxyzine (Atarax) tablets  
 Hydroxyzine (Pamoate) Vistaril  
 Loratadine OTC (Claritin) tablet/syrup  
 Promethazine (Phenergan) tablets

#### **Cough and Cold**

Benzonatate (Tessalon Perle) 100 mg cap only  
 Codeine/promethazine (Phenergan w/codeine)  
 Dextromethorphan (Phenergan DM)  
 D-Methorphan/p-ephedrine (Cardex-DM)  
 Guaifenesin/p-ephedrine (Entex PSE)  
 Guaifenesin/p-ephedrine (Duratuss HD, Robitussin DAC)  
 Hydrocodone/Homatrop (Hycodan)  
 Phenylephrine/Codeine (Phenergan VC w/ Codeine)  
 Phenylephrine/Pyrrila (Rynatan)

#### **Gastrointestinal (OTC)**

Famotidine (Pepcid)  
 Omeprazole (Prilosec)  
 Ranitidine (Zantac)

For more information call the Washtenaw Health Plan Customer Service Number at (866)291-8691.