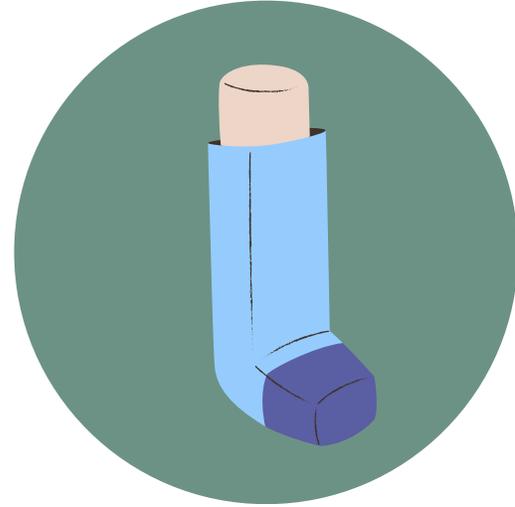
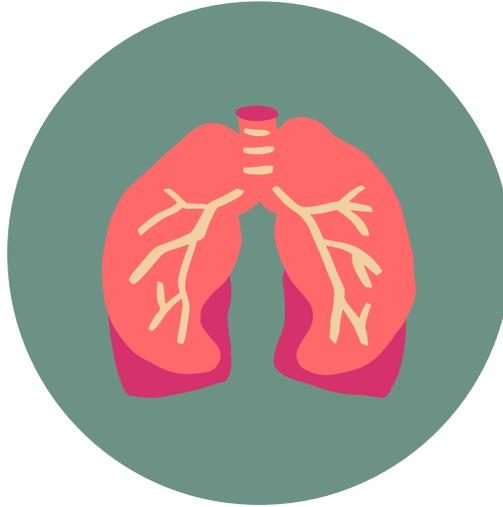


# Asthma Newsletter

Thank you for your partnership with the Children's Mercy Asthma Program!

The goal of this newsletter is to provide asthma updates twice a year to our hospital and community partners.



## Updates in Asthma Medications

Please see Children's Mercy [Asthma Reference Guide](#) for further education on Asthma Management and resources at Children's Mercy.

### May is Asthma Awareness Month

- The U.S. Environmental Protection Agency has shared resources for planning asthma awareness events. World Asthma Day is May 6, 2025!
  - <https://www.epa.gov/asthma/asthma-awareness-month>



### Dr. Jade Tam-Williams is a Star!

- Asthma colleagues always knew Dr. Jade was a great provider to our patients and an amazing co-worker. In January 2025 however, Children's Mercy officially named her a 'Shining Star of Patient Experience' - we are so proud of Dr. Jade!



### What's inside this issue:

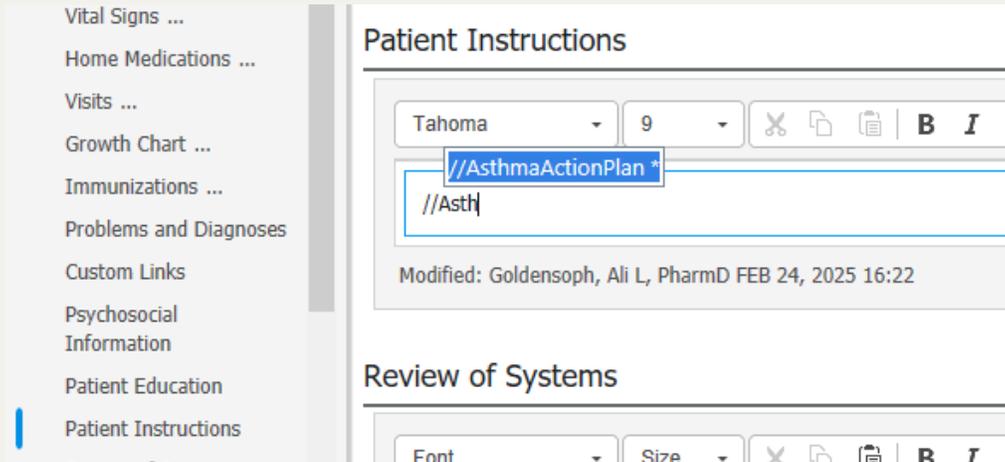
- Asthma Auto Text - 2
- Spacer Coverage - 3
- Patient Referrals - 3
- Inhaler Price Caps - 4
- Asthma Biologics - 5
- Bronchodilator Weaning Protocol - 6
- Quick Prescribing Reference - 7
- Preferred KS Medicaid - 8
- Preferred MO Medicaid - 9, 10
- Recalls and Shortages - 11

# Asthma Auto Text

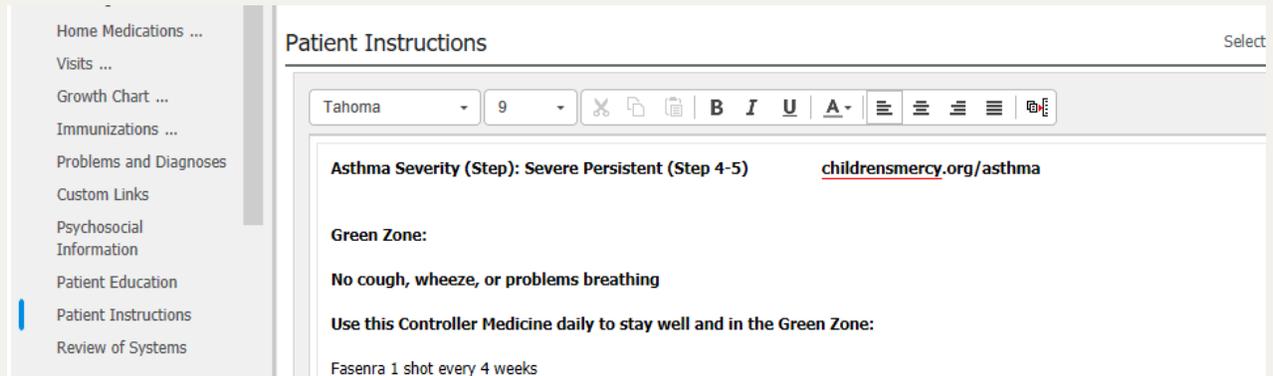
- Providers can now add the Asthma Action Plan to Provider Documentation and to Depart documentation using a Global Auto-text: //AsthmaActionPlan

How to add the Asthma Action Plan Smart Template to your depart and provider documentation:

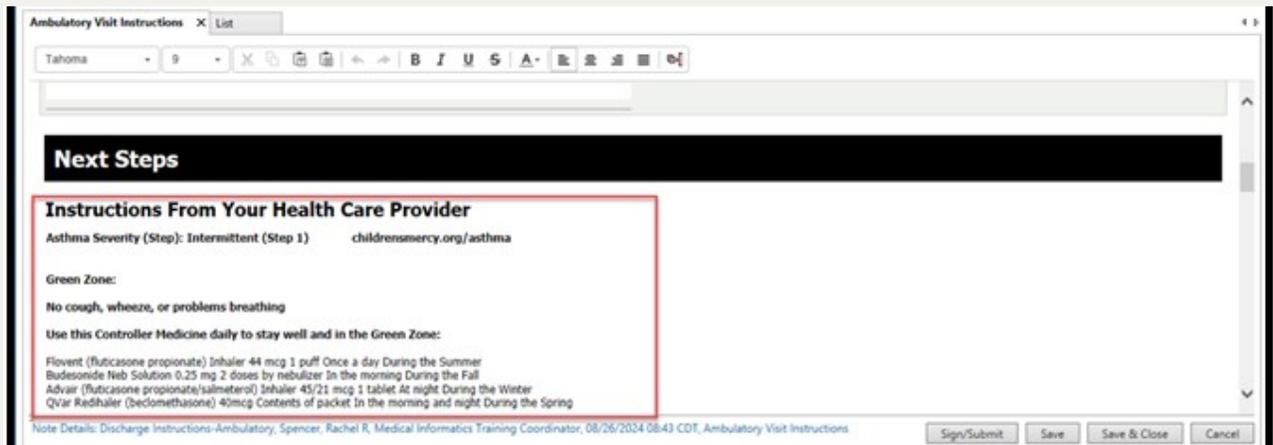
- We will use the example of inserting the Global Auto-text //AsthmaActionPlan into the discharge instructions (remember you can use this global auto-text in your provider note as well)



- Click Enter on your keyboard and it will present the Asthma Action Plan



- Then open up your discharge instructions and it will be present in the Patient Instructions Section. You can also put this in your clinical note using the same auto-text //AsthmaActionPlan

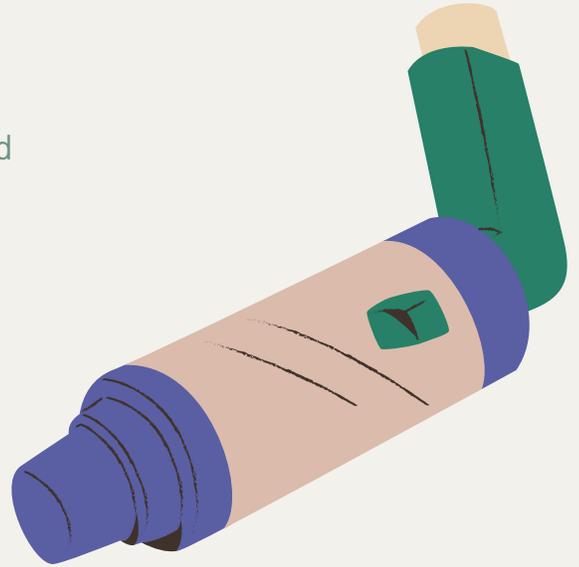


## Spacer Coverage

Not all insurance companies cover spacers for our patients. This is because spacers are often considered to be 'over-the-counter' thus allows insurance companies to avoid paying for these devices

**2 out of 3 major Kansas Medicaid programs do not currently cover spacers.**

One way to circumvent this is to write orders for spacers as DME (durable medical equipment) prescriptions. This may help get coverage for your patients needing spacers.



## Patient Referrals

We are seeing an increase in outpatient referrals to both allergy clinic and pulmonology clinic for the same concern of asthma. This leads to patients being seen twice by the two different providers and increases patient wait time until they can be seen in clinic. Here is some guidance on which patients to refer to which department.

### Allergy Clinic

Patients with clear signs of atopic disease (e.g. Eczema, Food allergy, anaphylaxis to foods, allergic rhinitis with itchy nose) should be seen in Allergy Clinic

### Pulmonary Clinic

Patients with a history of hypoxemia, chronic lung disease of prematurity, systemic disease processes (e.g. rheumatologic or autoimmune disease), concern for anatomical abnormalities or malformation in the respiratory system (e.g. Tracheomalacia, scoliosis) should be seen in Pulmonary clinic.

### AAIR Clinic

Patients with a history of severe refractory asthma using Step 4 or 5 of treatment AND uncontrolled or having experienced a life-threatening event, **should first be referred to general Allergy or Pulmonary clinic for diagnostic evaluation.**

Then, if found appropriate, an internal referral can be placed for AAIR clinic for refractory asthma.

# INHALER PRICE CAPS

Drug companies [Boehringer Ingelheim](#), [AstraZeneca](#) and [GSK](#) have announced they are capping out-of-pocket costs for their inhaler products at \$35 per month.

Boehringer Ingelheim inhalers affected by the price cap include:

- Atrovent® HFA (ipratropium bromide HFA) Inhalation Aerosol
- Combivent® Respimat® (ipratropium bromide and albuterol) Inhalation Spray
- Spiriva® HandiHaler® (tiotropium bromide inhalation powder)
- Spiriva® Respimat® 1.25 mcg (tiotropium bromide) Inhalation Spray
- Spiriva® Respimat® 2.5 mcg (tiotropium bromide) Inhalation Spray
- Stiolto® Respimat® (tiotropium bromide and olodaterol) Inhalation Spray
- Striverdi® Respimat® (olodaterol) Inhalation Spray

AstraZeneca inhalers affected by the price cap include:

- AIRSUPRA® (albuterol and budesonide)
- Bevespi Aerosphere® (glycopyrrolate and formoterol fumarate) Inhalation Aerosol
- Breztri Aerosphere® (budesonide, glycopyrrolate, and formoterol fumarate) Inhalation Aerosol
- Symbicort® (budesonide and formoterol fumarate dihydrate) Inhalation Aerosol

GSK inhalers affected by the price cap include:

- Advair Diskus (fluticasone propionate and salmeterol inhalation powder)
- Advair HFA (fluticasone propionate and salmeterol inhalation aerosol)
- Anoro Ellipta (umeclidinium and vilanterol inhalation powder)
- Arnuity Ellipta (fluticasone furoate inhalation powder)
- Breo Ellipta (fluticasone furoate and vilanterol inhalation powder)
- Incruse Ellipta (umeclidinium inhalation powder)
- Serevent Diskus (salmeterol xinafoate inhalation powder)
- Trelegy Ellipta (fluticasone furoate, umeclidinium, and vilanterol inhalation powder)
- Ventolin HFA (albuterol sulfate inhalation aerosol)

“

Price caps for  
Boehringer Ingelheim  
and AstraZeneca  
inhalers went into effect  
in June, 2024. GSK  
implemented their price  
caps in **January, 2025**.

Government restrictions  
**exclude** people enrolled  
in federal government  
insurance programs  
from co-pay support.

Commercially insured  
and un-insured patients  
**must enroll** in co-pay  
card programs to utilize  
these savings.

[Children's Mercy  
price cap guide](#)  
([updated 02/2025](#))



[Medication access and  
co pay assistance  
programs](#)  
([updated 06/2024](#))





On April 5, 2024, benralizumab was approved by the Food and Drug Administration (FDA) down to the age of 6.

# ASTHMA BIOLOGICS

## What are biologic treatments?

Biologic drugs (or biologics) are medicines made by living things, such as animals, plants, or bacteria. Many of these biologics are antibodies, which are proteins that are designed to block specific molecules in the human body. Asthma biologics work by disrupting cells or blocking specific molecules that trigger inflammation.

## Biologics Available for Asthma

	OMALIZUMAB (XOLAIR)	MEPOLIZUMAB (NUCALA)	BENRALIZUMAB (FASENRA)	RESLIZUMAB (CINQAIR)	DUPIPUMAB (DUPIXENT)	TEZEPelumab-EKko (TEZSPIRE)
<b>Molecule/Target</b>	IgE/Anti-IgE monoclonal antibody	IL-5/Anti-IL-5 monoclonal antibody	IL-5 receptor/Anti-IL-5 receptor monoclonal antibody	IL-5/Anti-IL-5 monoclonal antibody	IL-4 and IL-13/Anti-IL-4R alpha monoclonal antibody	TSLP/Anti-TSLP monoclonal antibody
<b>Age Approved for Asthma Indication</b>	6+	6+	6+	18+	6+*	12+
<b>Asthma Indication</b>	Moderate-to-severe persistent asthma and a positive skin test or in vitro reactivity to a perennial aeroallergen (allergic asthma)	Severe eosinophilic asthma	Severe eosinophilic asthma	Severe eosinophilic asthma	Moderate-to-severe eosinophilic asthma and OCS-dependent asthma	Severe asthma
<b>Mode of Administration</b>	Subcutaneous injection (shot)	Subcutaneous injection (shot)	Subcutaneous injection (shot)	Intravenous infusion (IV)	Subcutaneous injection (shot)	Subcutaneous injection (shot)
<b>Setting of Administration</b>	Clinic or home	Clinic or home	Clinic or home	Clinic	Clinic or home	Clinic or home
<b>Dosing Interval</b>	Every two to four weeks	Every four weeks	Every four weeks for the first 3 doses, and then every 8 weeks thereafter	Every four weeks	Every two to four weeks	Every four weeks

Abbreviations used: immunoglobulin-E (IgE), interleukin (IL), oral corticosteroids (OCS), thymic stromal lymphopoiectin (TSLP)

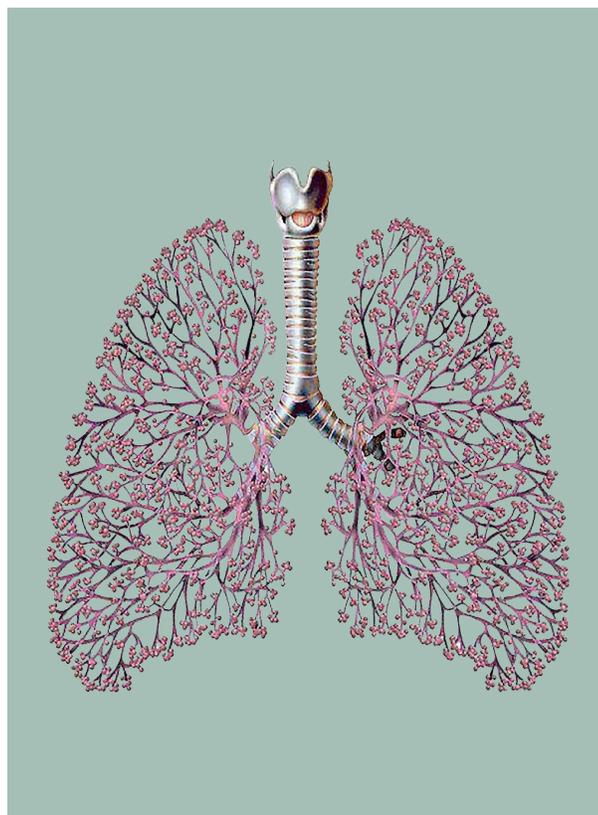
\*DUIPIXENT is also approved for moderate-to-severe atopic dermatitis (eczema) for those 6 months and older and is approved for patients with eosinophilic esophagitis (EoE) who are 1 year and older.

# Bronchodilator Weaning Protocol

In July 2022 a new Bronchodilator Weaning Protocol was shared with Children's Mercy providers

## Key Points

1. Since going live in July of 2022 a decrease in hospital length of stay has been observed annually.
2. Respiratory therapists use this protocol to provide albuterol treatments using weight-based dosing.
3. Patients < 20 kg receive 10 mg/hr continuous albuterol.
4. Patients ≥20 kg receive 15 mg/hr continuous albuterol. 20 mg/hr can be used for patients ≥ 20 kg in ED/ICU only.
5. Patients <20 kg receive 4 puffs of albuterol once spaced to every 2 and 3 hours, and 2 puffs once spaced 4 hours apart
6. Patients ≥20 kg receive 8 puffs of albuterol once spaced every 2 and 3 hours, then 4 puffs once spaced apart 4 hours.
7. Respiratory therapists perform assessments and assign a respiratory care score every hour while patients are on continuous, and every other treatment once spaced every 2 hours to assess for readiness to wean.
8. Phases cannot be skipped (i.e. Cannot be spaced from every 2 hours to every 4 hours).



Respiratory therapists utilize the Respiratory Care Plan (RCP) to assign patients a score based on factors such as pulmonary history, respiratory rate, work of breathing, wheezing, oxygen requirements, etc.

Since implementation of this protocol, Children's Mercy Hospital has observed a decrease in the average asthma admission length of stay from 2.00 days to 1.81 days since implementation in July 2022.

Link to the full weaning protocol can be found here:



# 2024 Quick References for Prescribing



800.878.4403 • AllergyAsthmaNetwork.org

## 2024 Respiratory Treatments

Allergy & Asthma Network is a national nonprofit organization dedicated to ending needless death and suffering due to asthma, allergies and related conditions through outreach, education, advocacy and research.




BBB - DOSE INDICATOR  
 G - GENERIC AVAILABLE  
 N - NEBULIZER VIAL  
 DISEASE STATES:  
 A - ASTHMA  
 C - COPD

**SHORT-ACTING BETA<sub>2</sub>-AGONIST (SABA) BRONCHODILATORS** relax tight muscles in airways and offer quick relief of symptoms such as coughing, wheezing and shortness of breath for 3-6 hours

<b>Albuterol Sulfate Inhalation Solution</b> 0.63, 1.5, 2.5 mg; 3 mL BBB A N	<b>ProAir<sup>®</sup> Digihaler<sup>™</sup></b> 90 mcg albuterol sulfate inhalation powder BBB A	<b>ProAir<sup>®</sup> RespiClick<sup>™</sup></b> 90 mcg albuterol sulfate inhalation powder BBB A	<b>Proventil<sup>®</sup> HFA</b> 90 mcg albuterol sulfate BBB A G	<b>Ventolin<sup>®</sup> HFA</b> 90 mcg albuterol sulfate BBB A G	<b>Xopenex<sup>®</sup> HFA</b> 0.31, 0.63, 1.25 mg; 3 mL (levalbuterol hydrochloride inhalation solution) A G N	<b>Xopenex<sup>®</sup> HFA</b> 45 mcg (levalbuterol tartrate) A G
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**SABA and ICS** contains SABA to relax airway muscles and offer quick relief of symptoms, and inhaled corticosteroid (ICS) to reduce inflamed airways

<b>AIRSUPRA<sup>®</sup></b> 90, 80 mcg albuterol and budesonide BBB A
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**INHALED CORTICOSTEROIDS (ICS)** reduce and prevent swelling of airway tissue; they do not relieve sudden symptoms of coughing, wheezing or shortness of breath

<b>Alvesco<sup>®</sup> HFA</b> 60, 140 mcg ciclesonide BBB A	<b>ArmonAir<sup>®</sup> Digihaler<sup>™</sup></b> 55, 110, 232 mcg fluticasone propionate inhalation powder BBB A	<b>Arnuity<sup>®</sup> Eliпта<sup>™</sup></b> 50, 100, 200 mcg fluticasone furoate inhalation powder BBB A	<b>Asmanex<sup>®</sup> HFA</b> 50, 100, 200 mcg mometasone furoate BBB A	<b>Asmanex<sup>®</sup> Twisthaler<sup>™</sup></b> 110, 220 mcg mometasone furoate inhalation powder BBB A	<b>Fluticasone Propionate Diskus Inhalation Powder</b> 50, 100, 250 mcg Active ingredient generic of Flonase Diskus BBB A	<b>Fluticasone Propionate HFA</b> 44, 110, 220 mcg Active ingredient generic of Flonase HFA BBB A	<b>Pulmicort Flexhaler<sup>®</sup></b> 90, 180 mcg budesonide inhalation powder BBB A	<b>Pulmicort Respules<sup>®</sup></b> 0.25, 0.50, 1.0 mg; 2 mL budesonide suspension A G N	<b>QVAR<sup>®</sup> Redihaler<sup>™</sup></b> 40, 80 mcg beclomethasone dipropionate BBB A
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**LONG-ACTING BETA<sub>2</sub>-AGONIST (LABA) BRONCHODILATORS** relax tight muscles in airways and offer lasting relief of symptoms such as coughing, wheezing and shortness of breath for at least 12 hours

<b>Brovana<sup>®</sup></b> 15 mg; 2 mL formoterol fumarate inhalation solution C N	<b>Perforomist<sup>®</sup></b> 20 mcg; 2 mL formoterol fumarate inhalation solution C N	<b>Serevent<sup>®</sup> Diskus<sup>™</sup></b> 50 mcg salmeterol xinafoate inhalation powder BBB A G	<b>Striverdi<sup>®</sup> Respihaler<sup>™</sup></b> 2.5 mg albuterol hydrochloride BBB C
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**MUSCARINIC ANTAGONISTS (ANTICHOLINERGICS)** relieve cough, sputum production, wheeze and chest tightness associated with chronic lung diseases

<b>Atrovent<sup>®</sup> HFA</b> 17 mcg ipratropium bromide BBB C	<b>Incruse<sup>®</sup> Eliпта<sup>™</sup></b> 62.5 mcg aclerodinolol inhalation powder BBB C	<b>Ipratropium Bromide Inhalation Solution</b> 0.5, 2.5 mg; 2.5 mL C G N	<b>Spiriva<sup>®</sup> HandiHaler<sup>™</sup></b> 18 mcg tiotropium bromide inhalation powder BBB C	<b>Spiriva<sup>®</sup> Respihaler<sup>™</sup></b> 1.25, 2.5 mg tiotropium bromide BBB A C	<b>Tudorza<sup>®</sup> Pressair<sup>™</sup></b> 400 mcg aclerodinolol inhalation powder BBB C	<b>Yupelri<sup>®</sup></b> 175 mcg; 3 mL roflumetast inhalation solution C N
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**COMBINATION MEDICATIONS** contain ICS and LABA

<b>Advair Diskus<sup>®</sup></b> 100/50, 250/50, 500/50 mcg fluticasone propionate and salmeterol inhalation powder BBB A G G	<b>Advair<sup>®</sup> HFA</b> 45/21, 115/21, 230/21 mcg fluticasone propionate and salmeterol xinafoate BBB A G	<b>AirDuo<sup>®</sup> Digihaler<sup>™</sup></b> 55/14, 113/14, 232/14 mcg fluticasone propionate and salmeterol xinafoate inhalation powder BBB A	<b>AirDuo<sup>®</sup> RespiClick<sup>™</sup></b> 55/14, 113/14, 232/14 mcg fluticasone propionate and salmeterol xinafoate inhalation powder BBB A G	<b>Breo<sup>®</sup> Eliпта<sup>™</sup></b> 50/25, 100/25, 200/25 mcg fluticasone furoate and vilanterol inhalation powder BBB A G G	<b>Breyna<sup>®</sup></b> 80/4.5, 160/4.5 mcg budesonide and formoterol fumarate dihydrate (approved generic of Symbicort) BBB A C	<b>Dulera<sup>®</sup></b> 50/5, 100/5, 200/5 mcg mometasone furoate and formoterol fumarate dihydrate BBB A	<b>Symbicort<sup>®</sup></b> 80/4.5, 160/4.5 mcg budesonide and formoterol fumarate dihydrate BBB A G G	<b>Wixela<sup>®</sup> Inhub<sup>™</sup></b> 100/50, 250/50, 500/50 mcg fluticasone propionate and salmeterol xinafoate (approved generic of Advair Diskus) BBB A C
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contain LABA and long-acting muscarinic antagonist (LAMA)

<b>Anoro<sup>®</sup> Eliпта<sup>™</sup></b> 62.5/25 mcg aclerodinolol and vilanterol inhalation powder BBB C	<b>Bevespi Aerosphere<sup>®</sup></b> 9/4.8 mcg glycopyrronium and formoterol fumarate BBB C	<b>Duakir<sup>®</sup> Pressair<sup>™</sup></b> 400, 12 mcg aclerodinolol and formoterol fumarate BBB C	<b>Stiolto<sup>®</sup> Respihaler<sup>™</sup></b> 2.5/2.5 mcg tiotropium bromide and olodaterol BBB C
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contain ICS, LABA and LAMA

<b>Trelegy<sup>®</sup> Eliпта<sup>™</sup></b> 200/62.5/25 mcg 100/62.5/25 mcg fluticasone furoate, aclerodinolol and vilanterol inhalation powder BBB A G	<b>Breztri Aerosphere<sup>®</sup></b> 160/9/4.8 mcg budesonide, glycopyrronium and formoterol fumarate BBB C
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contain SABA and short-acting muscarinic antagonist (SAMA)

<b>Combivent<sup>®</sup> Respihaler<sup>™</sup></b> 20/100 mcg ipratropium bromide and albuterol BBB C	<b>Ipratropium Bromide and Albuterol Sulfate Inhalation Solution</b> 2.5 mg; 3 mL C G
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**BIOLOGICS** target cells and pathways that cause airway inflammation; delivered by injection or IV

<b>Cinqair<sup>®</sup></b> 62.5/25 mL reslizumab A	<b>Dupixent<sup>®</sup></b> 100, 200, 300 mg dupilumab A	<b>Fasenra<sup>®</sup></b> 30 mg benralizumab A	<b>Nucala<sup>®</sup></b> 100 mg mepolizumab A	<b>Tezspire<sup>®</sup></b> 210 mg tezepelumab-ekko A	<b>Xolair<sup>®</sup></b> 75 to 375 mg omalizumab A
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**PDE4 INHIBITORS** target lung inflammation and reduce exacerbations

<b>Daliresp<sup>®</sup></b> 250, 500 mg roflumetast B
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**LEUKOTRIENE MODIFIERS** block chemicals called leukotrienes that cause airway inflammation; available as tablet or granules

<b>Singulair<sup>®</sup></b> 4, 5, 10 mg montelukast A	<b>Zafirlukast</b> 10, 20 mg A
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Reviewed by Dennis Williams, PharmD  
 Generic versions of some brand name inhalers are not included on this poster. Generic inhalers may be a different color.

## Know Your ASTHMA ZONES

The colors of a traffic light will help you know when to use your asthma medicines.

**GREEN means Go Zone!**  
Take your control or preventive medicines as directed (if prescribed).

**YELLOW means Caution Zone!**  
Take your quick-relief medicines.

**RED means Danger Zone!**  
Take your quick-relief medicines and get immediate medical attention.






# Kansas Medicaid Preferred Products

**Key:** Drug Class - Month and Year Updated

## Short acting beta adrenergic agents (SABA) - 12/2024

Preferred	Non-Preferred, Prior Authorization Required
AccuNeb® (albuterol)	ProAir® Digihaler™ (albuterol)
ProAir HFA® (albuterol)	ProAir RespiClick® (albuterol)
Proventil® HFA (albuterol)	Xopenex® (levalbuterol) Inhalation Solution
Proventil® (albuterol) Inhalation Solution	Xopenex HFA® (levalbuterol)
Ventolin HFA® (albuterol)	
Ventolin® (albuterol) Inhalation Solution	

## Inhaled corticosteroids (ICS) - 12/2024

Preferred	Non-Preferred, Prior Authorization Required
Arnuity Ellipta® (fluticasone)	Aerospan® (flunisolide)
Asmanex® (mometasone)	Alvesco® (ciclesonide)
Flovent® Diskus® (fluticasone)	ArmonAir® Digihaler® (fluticasone)
Flovent® HFA (fluticasone)	ArmonAir™ RespiClick® (fluticasone)
Pulmicort Flexhaler™ (budesonide)	Asmanex® HFA (mometasone)
Pulmicort Respules® (budesonide)	
QVAR® (beclomethasone)	
QVAR RediHaler® (beclomethasone)	

## Long acting beta adrenergic (LABA) + ICS - 12/2024

Preferred	Non-Preferred, Prior Authorization Required
Advair Diskus® (fluticasone/salmeterol)	Airduo® Digihaler® (fluticasone/salmeterol)
Advair® HFA (fluticasone/salmeterol)	Airduo® Respiclick® (fluticasone/salmeterol)
Breo Ellipta® (fluticasone/vilanterol)	
Dulera® (formoterol/mometasone)	
Symbicort® (budesonide/formoterol)	

## Leukotriene receptor modifiers - 12/2024

Preferred	Non-Preferred, Prior Authorization Required
Singulair® (montelukast Sodium) tabs	Accolate® (zafirlukast) tabs
	Singulair® (montelukast Sodium) packs
	Zyflo® (zileuton) tabs
	Zyflo CR™ (zileuton) tabs

## Immunomodulation agents - 12/2024

Preferred	Non-Preferred, Prior Authorization Required
Dupixent® (dupilumab)	Cinqair® (reslizumab)
Nucala® (mepolizumab)	Fasenra™ (benralizumab)
Xolair® (omalizumab)	Tezspire® (tezepelumab) autoinjector, syringe



# Missouri Medicaid Preferred Products - 1

**Key:** Drug Class - Month and Year Updated

## Short acting beta adrenergic agents (SABA) - 07/2024

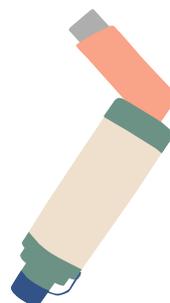
Preferred Agents	Non-Preferred Agents
<ul style="list-style-type: none"> <li>Ventolin<sup>®</sup> HFA</li> </ul>	<ul style="list-style-type: none"> <li>Albuterol HFA (gen ProAir<sup>®</sup> HFA)</li> <li>Albuterol HFA (gen Proventil<sup>®</sup> HFA)</li> <li>Albuterol HFA (gen Ventolin<sup>®</sup> HFA)</li> <li>Levalbuterol HFA</li> <li>ProAir<sup>®</sup> Digihaler<sup>®</sup></li> <li>ProAir<sup>®</sup> RespiClick<sup>®</sup></li> <li>Proventil<sup>®</sup> HFA</li> <li>Xopenex HFA<sup>®</sup></li> </ul>

## Nebulized SABA - 07/2024

Preferred Agents	Non-Preferred Agents
<ul style="list-style-type: none"> <li>Albuterol Sulfate</li> </ul>	<ul style="list-style-type: none"> <li>Levalbuterol</li> <li>Xopenex<sup>®</sup></li> </ul>

## Inhaled corticosteroids (ICS) - 07/2024

Preferred Agents	Non-Preferred Agents
<ul style="list-style-type: none"> <li>Advair Diskus<sup>®</sup></li> <li>Arnuity<sup>®</sup> Ellipta<sup>®</sup></li> <li>Asmanex<sup>®</sup> Twisthaler</li> <li>Budesonide Respules</li> <li>Dulera<sup>®</sup> 100 mcg/5 mcg, 200 mcg/5 mcg</li> <li>Flovent HFA<sup>®</sup></li> <li>Fluticasone Propionate HFA</li> <li>Symbicort<sup>®</sup></li> </ul>	<ul style="list-style-type: none"> <li>Advair HFA<sup>®</sup></li> <li>AirDuo<sup>®</sup> Digihaler<sup>®</sup></li> <li>AirDuo<sup>®</sup> RespiClick<sup>®</sup></li> <li><b>Airsupra<sup>®</sup></b></li> <li>Alvesco<sup>®</sup></li> <li>ArmonAir<sup>®</sup> Digihaler<sup>®</sup></li> <li>Asmanex<sup>®</sup> HFA*</li> <li>Breo<sup>®</sup> Ellipta<sup>®</sup></li> <li>Breyna<sup>™</sup></li> <li>Budesonide/Formoterol (gen Symbicort<sup>®</sup>)</li> <li>Dulera<sup>®</sup> 50 mcg/5 mcg*</li> <li>Flovent Diskus<sup>®</sup></li> <li><b>Fluticasone Propionate Diskus</b></li> <li>Fluticasone/Salmeterol (gen Advair Diskus<sup>®</sup>/HFA<sup>®</sup>, AirDuo<sup>®</sup>)</li> <li>Fluticasone/Milanterol (gen Breo<sup>®</sup> Ellipta<sup>®</sup>)</li> <li>Pulmicort<sup>®</sup> Flexhaler</li> <li>Pulmicort<sup>®</sup> Respules</li> <li>QVAR<sup>®</sup> Redihaler<sup>®</sup></li> <li>Wixela Inhub<sup>®</sup></li> </ul>
<p><i>*Available to participants &lt; 12 years of age without any pre-requisite therapy</i></p>	



# Missouri Medicaid Preferred Products - 2

Drug Class - Month and Year Updated

## Leukotriene receptor modifiers - 07/2024

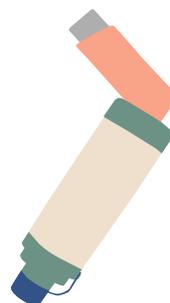
Preferred Agents	Non-Preferred Agents
<ul style="list-style-type: none"> <li>Montelukast</li> </ul>	<ul style="list-style-type: none"> <li>Accolate®</li> <li>Singulair®</li> <li>Zafirlukast</li> <li>Zileuton ER</li> <li>Zyflo®</li> </ul>

## Targeted immune modulators - 01/2025

Preferred Agents	Non-Preferred Agents
<ul style="list-style-type: none"> <li>Adbry™</li> <li>Cinqair®</li> <li>Fasenra®</li> <li>Xolair®</li> </ul>	<ul style="list-style-type: none"> <li>Dupixent®</li> <li>Nucala®</li> <li>Tezspire™</li> </ul>

## Preferred spacers - 09/2024

Device	NDC
ACE AEROSOL CLOUD ENHANCER	49502020301
AEROCHAMBER PLUS FLOW-VU SMALL	00456074413
AEROCHAMBER PLUS FLOW-VU MED	00456074513 <b>04351050412</b>
AEROCHAMBER PLUS FLOW-VU LARGE	00456074613
AEROCHAMBER PLUS FLOW-VU	00456315467
BREATHERITE MDI SPACER	11391030200
COMPACT SPACE CHAMBER	42135010000
EASIVENT HOLDING CHAMBER	49502020701
EASIVENT HOLDING CHAMBER	49502020725
MICROCHAMBER	47360017202
MICROSPACER	47360017201
OPTICHAMBER DIAMOND	08373747800
OPTICHAMBER DIAMOND SMALL	08373982300
OPTICHAMBER DIAMOND MEDIUM	08373982600
OPTICHAMBER DIAMOND LARGE	08373982700
PROCHAMBER HOLDING CHAMBER	08373917700



# Shortages and Recalls – No Additions since 2024

## Shortages

Albuterol Sulfate, Solution, 2.5 mg/.5 mL (NDC 0487-9901-30).

Effective since 10/25/22. Nephron Pharmaceuticals cite limited availability and delays in shipping drug product as reasons for the shortage.



## Recalls

Cipla Albuterol Sulfate Inhalation Aerosol, 90 mcg (200 Metered Inhalation) .

Recalled due to failure to deliver the recommended dose. There were no adverse events reported for Albuterol Sulfate Inhalation Aerosol 90 mcg related to this recall.

The product is packaged in 17ml plain aluminum aerosol canister integrated with dose counter coupled with plastic actuator and dust cap, each pack claims 200 metered inhalations and associated codes NDC-69097-142-60. The company is initiating a recall in the U.S. due to a market complaint for one single inhaler (Batch Number - IB20056), where leakage was observed through the inhaler valve. Out of an abundance of precaution, the below 6 batches manufactured using the same lot of valves are being recalled.

Sr. No.	Product Name	Batch No.	Expiry Date
1.	Albuterol Sulfate Inhalation Aerosol, 90 mcg (200 MI)	IB20045	Nov.2023
2.	Albuterol Sulfate Inhalation Aerosol, 90 mcg (200 MI)	IB20055	Nov.2023
3.	Albuterol Sulfate Inhalation Aerosol, 90 mcg (200 MI)	IB20056	Nov.2023
4.	Albuterol Sulfate Inhalation Aerosol, 90 mcg (200 MI)	IB20057	Nov.2023
5.	Albuterol Sulfate Inhalation Aerosol, 90 mcg (200 MI)	IB20059	Nov.2023
6.	Albuterol Sulfate Inhalation Aerosol, 90 mcg (200 MI)	IB20072	Nov.2023