

PHARMACY GUIDELINE – 20

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UNIVERSITY PHYSICIANS HEALTH PLANS

(Maricopa Health Plan)

PHARMACY REFERRAL GUIDELINE

INHALED STEROIDS

- Formulary Alternatives
 - Budesonide (Pulmicort Turbohaler®)
 - Fluticasone (Flovent®)
 - Beclomethasone (QVAR®)
- Use by Age
 - < 2 years old: can use Pulmicort Respules®. Requires prior authorization for 2 years of age or older.
 - 2-5 years old: QVAR® or Flovent® with mask or spacer
 - >5 years old: any formulary alternative

Approved by the Pharmacy and Therapeutics Committee 2/06; Reviewed 6/06, 1/08, 5/09