

## **Empire BlueCross BlueShield HealthPlus (Empire) Hot Tip: Asthma**

Your Empire patients on nonpreferred products may experience a pharmacy claim rejection. To avoid additional steps or delays at the pharmacy, consider prescribing preferred products whenever possible. Prior authorization and step therapy may apply to select preferred products. Coverage should be verified by reviewing the *Preferred Drug List (PDL)* on the Empire provider website. The *PDL* is subject to change quarterly.

<b>Therapeutic class</b>	<b>Nonpreferred products</b>	<b>Preferred products</b>
Asthma — Controller	<ul style="list-style-type: none"> <li>• Alvesco (ciclesonide)</li> <li>• ArmonAir RespiClick (fluticasone propionate)</li> <li>• Asmanex HFA (mometasone furoate)</li> <li>• Asmanex Twisthaler<sup>1</sup> (mometasone furoate)</li> <li>• Azmacort (triamcinolone)</li> <li>• Pulmicort (budesonide)</li> <li>• Qvar Redihaler (beclomethasone)</li> </ul>	<ul style="list-style-type: none"> <li>• Arnuity Ellipta (fluticasone furoate)</li> <li>• Budesonide suspension nebulas<sup>1</sup> (generic Pulmicort Respules suspension)</li> <li>• Flovent Diskus &amp; HFA (fluticasone propionate)</li> </ul>
	<ul style="list-style-type: none"> <li>• Advair HFA<sup>2</sup> &amp; Diskus (fluticasone/ salmeterol)</li> <li>• AirDuo Respiclick &amp; Digihaler (fluticasone/ salmeterol)</li> <li>• Dulera (mometasone/ formoterol)</li> <li>• Symbicort (budesonide/ formoterol)</li> </ul>	<ul style="list-style-type: none"> <li>• Breo Ellipta (fluticasone/ vilanterol)</li> <li>• Budesonide/formoterol (generic Symbicort)</li> <li>• Fluticasone/salmeterol (generic AirDuo Respiclick)</li> <li>• Fluticasone/salmeterol (authorized generic Advair Diskus)</li> <li>• Wixela Inhub (fluticasone/salmeterol)</li> </ul>
Asthma — Rescue	<ul style="list-style-type: none"> <li>• Levalbuterol HFA &amp; nebulas (generic Xopenex)</li> <li>• Proair HFA &amp; Respiclick (albuterol)</li> <li>• Proventil HFA (albuterol)</li> <li>• Ventolin HFA (albuterol)</li> <li>• Xopenex HFA &amp; nebulas (levalbuterol)</li> </ul>	<ul style="list-style-type: none"> <li>• Albuterol nebulas</li> <li>• Albuterol HFA (generic Proair, Proventil and Ventolin)</li> <li>• Combivent Respimat (ipratropium/albuterol)</li> <li>• Ipratropium/albuterol nebulas</li> </ul>

1 No step therapy required for children younger than 6 requesting Asmanex Twisthaler or budesonide suspension nebulas.

2 No step therapy required for children younger than 12 requesting Advair HFA.

\* Please note, member can fill 90-day supply at retail pharmacy for controller medications.

\*\* Preferred products that may be used with spacer: Advair HFA (children less than 12), Flovent HFA, Ventolin HFA

If you have questions regarding this *Hot Tip*, call Provider Services at **1-800-450-8753**.

*PDL:* <https://mediproviders.empireblue.com/ny/pages/formularies.aspx>