

Empire BlueCross BlueShield HealthPlus (Empire) Hot Tip: Asthma (Pediatric)

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.

Therapeutic class	Preferred products	Non-preferred products
Controller: ICS	<p>All ages: Flovent Diskus/HFA[®], Budesonide suspension (nebules)</p> <p>Less than age 6: Asmanex¹ Twisthaler[®]</p> <p>Age 12 and older: Arnuity Ellipta[®]</p>	Alvesco [®] , ArmonAir, RespiClick [®] , Asmanex ^{®1} , Pulmicort [®] , QVAR, Redihaler [®]
Controller: ICS/LABA Combo	<p>Age 4 and older: Wixela[®], Fluticasone/Salmeterol (generic Advair[®])</p> <p>Age 6 and older: Budesonide/Formoterol (generic Symbicort[®])</p> <p>Age 12 and older: Fluticasone/Salmeterol (generic AirDuo RespiClick)</p>	Advair [®] , AirDuo Respiclick [®] , Dulera [®] , Symbicort [®]
Rescue: Beta-2 agonist	Albuterol solution (nebules), Albuterol HFA (generic Ventolin [®] , Proventil [®])	Proair HFA [®] , Proair RespiClick [®] , Proventil HFA [®] , Ventolin HFA [®] , Levalbuterol ² (generic Xopenex [®])

1 Asmanex Twisthaler[®]: No prior authorization is required for children younger than 6.

2 Neither brand nor generic formulations are covered.

Notes: Age references in the above chart are based on formulary coverage, not FDA label or indications. Providers should review FDA label or indications for age appropriateness before prescribing. Preferred products used with spacer: Flovent HFA[®], Albuterol HFA, Budesonide/Formoterol

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