

Quality Quick Tips

August 2019
**RESPIRATORY CONDITIONS
ASTHMA**



According to the Centers for Disease Control and Prevention (CDC), the number of adults and children with asthma is over 25 million. Children with asthma were more likely to use the emergency room for their medical care compared to children without asthma. Routine primary care visits are essential for controlling this disease and ensuring appropriate medication management. McLaren Health Plan (MHP) encourages you to see your asthma patients at least once per year to ensure positive clinical outcomes. Here are some tips:

- **Follow up:** When you prescribe a new medication to an asthma patient, be sure to schedule a follow up visit within 30 days to assess the effectiveness. Schedule the follow up appointments while the patient is still in the office.
- **Prevent:** Consider prescribing a preventive asthma controller medication as well as a rescue inhaler. We have attached the preferred drug list for asthma medications for your consideration.
- **Case management:** If you feel your patients could use additional education regarding filling prescriptions and the purpose of those medications, you can refer them to MHP's case management program. Call Customer Service at 888-327-0671 to take advantage of this assistance.

We look forward to working in partnership with you to assist our members in achieving optimal health. If you would like a list of your assigned asthma patients who are non-compliant with their medication management, or if you have questions or would like more information, please email us at MHPOutreach@mclaren.org.

Remember to talk to your patients about tobacco cessation. MHP has a free tobacco cessation program for MHP Community and Medicaid members. Call 800-784-8669 for more information.

Thank you for the quality care you deliver!

PCP Feedback (Please print)	Comments, requests, questions, etc.: FAX to 810-600-7985
PCP Name/Office Name: _____	
Name: _____	Phone: _____
Email: _____	

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ASTHMA MEDICATION SUMMARY

<i>Long-term control medications: Prevent symptoms and are taken daily</i>				
Inhaled Corticosteroids-The most consistently effective long-term control medication				
Brand Reference	Chemical Name	Medicaid Coverage	Commercial Tier	Comments
Aerospan	Flunisolide	PA	NO	
Alvesco	Ciclesonide	PA	NO	Max one inhaler per month
Arnuity Ellipta	Fluticasone	PA	2	Max one inhaler per month
Armonair Respiclick	Fluticasone	YES	NO	Max one inhaler per month
Asmanex HFA	Mometasone	PA	3/ST	Max one inhaler per month
Flovent HFA	Fluticasone	YES	2	Max one inhaler per month. PA required for members over age 12 (Medicaid only)
Flovent Diskus	Fluticasone	PA	2	Max one inhaler per month
Pulmicort Flexhaler	Budesonide	YES	3/ST	Max one inhaler per month
Pulmicort Respules (generic)	Budesonide	YES	1	Prior authorization required for those members over the age of six (Medicaid). Max two boxes per month
QVAR Redihaler	Beclomethasone Propionate	YES	2	Max one inhaler per month
Long Acting Beta Agonists (LABAs): Used in combination with an inhaled corticosteroid				
Arcapta Neohaler	Indacaterol Maleate	No	3/ST	Max one inhaler per month
Brovana	Arformoterol Tartrate	No	3	Max 120ml per month
Perforomist	Formoterol Fumarate	No	2	Max 120mls per month
Serevent Diskus	Salmeterol Xinafoate	YES	2	Max one inhaler per month
Vospire ER (generic)	Albuterol Sulfate	No	1	
Inhaled Corticosteroids/Long-Acting Beta-Agonist Combinations				
Advair Diskus (generic)	Fluticasone/Salmeterol	YES	1	Max one inhaler per month
Advair HFA	Fluticasone/Salmeterol	PA	2	Max one inhaler per month
AirDuo Respiclick (generic)	Fluticasone/Salmeterol	YES	NO	Max one inhaler per month
Breo Ellipta	Fluticasone/Vilanterol	PA	2	Max one inhaler per month
Dulera	Mometasone/Formoterol	PA	2	
Symbicort	Budesonide/Formoterol	YES	2	Prior authorization required for members over age of 12
Anticholinergics and Combinations: Used as bronchial dilators				
Anoro Ellipta	Umeclidinium/Vilanterol	No	2	Max one inhaler per month
Atrovent HFA	Ipratropium Bromide	YES	2	Max one inhaler per month
Atrovent Neb Solution (generic)	Ipratropium Bromide	YES	1	
Combivent Respimat	Ipratropium/Albuterol	YES	2	Max one inhaler per month

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Increase Ellipta	Umeclidinium	YES	2	Max one inhaler per month
Spiriva Handihaler Spiriva Respimat	Tiotropium Bromide	PA	2	Max one inhaler per month
Stiolto Respimat	Tiotropium/Olodaterol	PA	2	Max one inhaler per month
Cromolyn aProducts: Used as alternative controller medications (not preferred)				
Intal Nebulizer Solution (generic)	Cromolyn Sodium	YES	1	
Nasalcrom Nasal Spray (generic)	Cromolyn	YES	NO	
Cromolyn and Theophylline Products: Used as alternative controller medications (not preferred)				
Slo-BID (generic)	Theophylline	YES	1	
Theo-Dur (generic)	Theophylline	YES	1	
Uniphyll (generic)	Theophylline	YES	1	
Leukotriene Modifiers: Used as alternative controller medications				
Accolate (generic)	Zafirlukast	No	1	
Singulair (generic)	Montelukast	YES	1	Max one tablet per day
Zyflo (generic)	Zileuton	No	No	

Immunomodulators: Used to modify the allergic immune response				
Xolair	Omalizumab	Medical Benefit	Medical Benefit	Not considered via pharmacy benefit. Prior authorization required through Medical Benefit
Fasenra	Benralizumab	Medical Benefit	Medical Benefit	Not considered via pharmacy benefit. Prior authorization required through Medical Benefit
Nucala	Mepolizumab	Medical Benefit	Medical Benefit	Not considered via pharmacy benefit. Prior authorization required through Medical Benefit
Cinqair	Reslizumab	Medical Benefit	Medical Benefit	Not considered via pharmacy benefit. Prior authorization required through Medical Benefit

Quick-relief medications: Take only as needed for symptom relief

Short-Acting Beta-Agonists (SABAs): Used to relax airway muscles to give prompt relief of symptoms				
Accuneb (generic)	Albuterol Sulfate	YES	1	
ProAir HFA (generic)	Albuterol Sulfate	YES	1	Max one inhaler per 25 days
Proventil HFA (generic)	Albuterol Sulfate	NO	NO	
Proventil Neb Solution (generic)	Albuterol Sulfate	YES	1	
Ventolin HFA (generic)	Albuterol Sulfate	YES	1	Max one inhaler per 25 days
Xopenex HFA (generic)	Levalbuterol Sulfate	PA	NO	
Xopenex Neb Solution (generic)	Levalbuterol Sulfate	PA	1	

(If generic form is available, generic must be prescribed)

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