

Hot Tip: Asthma

Highmark Blue Cross Blue Shield (Highmark BCBS) partners with Wellpoint companies to administer certain services to Medicaid Managed Care (MMC), Health and Recovery Plan (HARP), and Child Health Plus (CHPlus) members. Please note, this information is specific to the MMC, HARP, and CHPlus programs only.

Your Highmark BCBS patients may experience a pharmacy claim rejection when prescribed nonpreferred products. To avoid additional steps or delays at the pharmacy, consider prescribing preferred products whenever possible. Utilization management edits may apply to select preferred products. Coverage should be verified by reviewing the Preferred Drug List (PDL) on the Highmark BCBS provider website. The PDL is subject to change quarterly.

| Adult Hot Tip | | |
|----------------------------|--|---------------------------------|
| Therapeutic class | Nonpreferred products | Preferred products |
| Asthma — | Aerospan | Arnuity Ellipta |
| Controller | Alvesco | Budesonide suspension (nebules) |
| | ArmonAir RespiClick | Fluticasone 44mcg HFA |
| | Asmanex | Fluticasone 110mcg HFA |
| | Azmacort | Fluticasone 220mcg HFA |
| | Flovent ² | |
| | Pulmicort | |
| | Qvar Redihaler | |
| Asthma — | Advair | Wixela Inhub |
| Controller | AirDuo RespiClick | Brand name: Advair Diskus |
| | Breo Ellipta | |
| | Dulera | Fluticasone/Salmeterol |
| | | Brand name: Advair Diskus |
| | | Elution or a (Colmontanal |
| | | Fluticasone/Salmeterol |
| | | Brand name: AirDuo RespiClick |
| | | Budesonide-Formoterol |
| | | Brand name: Symbicort |
| Asthma — | Proair, Proair RespiClick, Proventil HFA | Albuterol Sulfate HFA |
| Rescue | | Brand name: ProAir HFA |
| | Xopenex | |
| | Generic name: levalbuterol ¹ | Albuterol Sulfate HFA |
| | | Brand name: Ventolin HFA |
| | Ventolin HFA | |
| | | Albuterol solution (nebules) |
| ¹ Neither brand | nor generic formulations are covered. | · · · · |

² As of November 1, 2022, Flovent is a non-preferred product.

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

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| Pediatric Hot Tip | | |
|----------------------------|---|--|
| Therapeutic Class | Nonpreferred Products | Preferred Products |
| Asthma — | Aerospan | Arnuity Ellipta |
| Controller | Alvesco | Budesonide suspension (nebules) ⁴ |
| | ArmonAir RespiClick | Fluticasone 44mcg HFA |
| | Asmanex ² | Fluticasone 110mcg HFA |
| | Azmacort | Fluticasone 220mcg HFA |
| | Flovent ⁵ | 5 |
| | Pulmicort | |
| | Qvar Redihaler | |
| Asthma — | Advair ³ | Wixela Inhub |
| Controller | AirDuo RespiClick | Brand name: Advair Diskus |
| | Breo Ellipta | |
| | Dulera | Fluticasone/Salmeterol |
| | | Brand name: Advair Diskus |
| | | |
| | | Fluticasone/Salmeterol |
| | | Brand name: AirDuo RespiClick |
| | | |
| | | Budesonide/Formoterol |
| | | Brand name: Symbicort |
| Asthma — | Proair, Proair RespiClick, Proventil HFA | Albuterol Sulfate HFA |
| Rescue | | Brand name: ProAir HFA |
| | Xopenex | |
| | Generic name: levalbuterol ¹ | Albuterol Sulfate HFA |
| | | Brand name: Ventolin HFA |
| | Ventolin HFA | |
| | | Albuterol solution (nebules) |
| ¹ Neither brand | nor generic formulations are covered. | |
| | sthaler: No prior authorization required for ch | ildren vounger than 6 |

² Asmanex Twisthaler: No prior authorization required for children younger than 6.

³ Advair: No prior authorization required for children younger than 12.

⁴ Budesonide: No prior authorization required for children younger than 5.

⁵ As of November 1, 2022, Flovent is a non-preferred product.

* Preferred products used with spacer: Fluticasone HFA, Albuterol HFA, Advair HFA

If you have questions regarding this Hot Tip, call Provider Services at 866-231-0847.

The *PDL* is available at **mybcbswny.com/stateplans** > Provider > Eligibility & Pharmacy > Pharmacy Information.