

## ***Asthma Preferred Drug List Quick Reference Guide***

At Amerigroup, we appreciate the care you give our members in the Statewide Medicaid Managed Care Managed Medical Assistance (SMMC MMA) and the Florida Healthy Kids (FHK) CHIP programs.

We strive to support your efforts to keep our members healthy, and we recognize how important it is for your patients to obtain medications to control their asthma symptoms. This quick reference guide outlines frequently used, preferred asthma medications for each program and the average cost of a prescription for each medication.

**Please note there is variation in the preferred medications between the Medicaid and FHK CHIP benefits, and certain brands are preferred over the generic alternatives for SMMC MMA members only. These prescriptions may need to be written to indicate the brand-name medication should be dispensed.**

Prescriptions written for nonpreferred medications or medications outside age or quantity limits will reject at the pharmacy and require a prior authorization (PA) review for medical necessity. We recognize the unique aspects of individual cases. If a patient cannot use a preferred formulary medication or requires a quantity over the quantity limit, please fax PA requests to Amerigroup at 1-844-494-8345.

<b>Medication type</b>	<b>SMMC MMA program and MediKids preferred medications</b>	<b>FHK CHIP preferred medications</b>
<b>Short-acting bronchodilators</b>	Albuterol nebulized solution <sup>QL</sup> \$19	Albuterol nebulized solution <sup>QL</sup> \$19
	ProAir HFA Inhaler (albuterol) <sup>QL</sup> \$58	Ventolin HFA Inhaler (albuterol) <sup>QL</sup> \$53
<b>Inhaled corticosteroids</b>	Asmanex Twisthaler (mometasone) Minimum age 4 years <sup>QL</sup> \$210	<b>Preferred:</b> Arnuity Ellipta (fluticasone) No age limit <sup>QL</sup> \$175
	Flovent HFA (fluticasone)* No age limit <sup>QL</sup> 44 mcg \$175 110 mcg \$235 220 mcg \$365	<b>Preferred:</b> Flovent HFA* (fluticasone) No age limit <sup>QL</sup> 44 mcg \$175 110 mcg \$235 220 mcg \$365
	<b>Brand preferred:</b> Pulmicort Respules (budesonide) Minimum age 1 year/maximum age 8 years <sup>QL</sup> 0.25 mg/2 ml \$385 0.5 mg/2 ml \$455 1 mg/2 ml \$900	<b>Generic preferred:</b> Budesonide Respules Maximum age 5 years <sup>QL</sup> 0.25 mg/2 ml \$220 0.5 mg/2 ml \$260 1 mg/2 ml \$335

<b>Inhaled corticosteroids</b>		<b>Nonpreferred:</b> Asmanex Twisthaler (mometasone) Covered for ages < 6 years only <sup>QL</sup> \$216
		<b>Nonpreferred:</b> Qvar HFA (beclomethasone) Covered for ages < 12 only <sup>QL</sup> \$185
<b>Beta-adrenergic and glucocorticoid combinations</b>	Advair Diskus (fluticasone/salmeterol) Minimum age 4 years <sup>QL</sup> 100-50 mcg \$305 250-50 mcg \$380 500-50 mcg \$500	<b>Preferred:</b> Breo Ellipta (fluticasone/vilanterol) <sup>QL</sup> \$330
	Advair HFA (fluticasone/salmeterol) Minimum age 5 years <sup>QL</sup> 45-21 mcg \$300 115-21 mcg \$380 230-21 mcg \$500	<b>Preferred:</b> Fluticasone-Salmeterol (authorized generic of Airduo Respiclick) <sup>QL</sup> \$100
	Dulera (mometasone/formoterol) Minimum age 12 years <sup>QL</sup> \$300	<b>Nonpreferred:</b> Advair Diskus (fluticasone/salmeterol) Covered for ages 4-11 <sup>QL</sup> 100-50 mcg \$305 250-50 mcg \$380 500-50 mcg \$500
	Symbicort (budesonide/formoterol) Minimum age 5 years <sup>QL</sup> 80-4.5 mcg \$275 160-4.5 mcg \$315	<b>Nonpreferred:</b> Symbicort (budesonide/formoterol) Covered for ages 6-11 <sup>QL</sup> 80-4.5 mcg \$275 160-4.5 mcg \$315
<b>Leukotriene modifiers</b>	<b>Preferred:</b> Montelukast chew tabs/tablets <sup>QL</sup> \$10	Montelukast chew tabs/tablets <sup>QL</sup> \$10
	<b>Nonpreferred:</b> Montelukast granules Maximum age 4 years <sup>QL</sup> \$110	Montelukast granules No age limit <sup>QL</sup> \$110
		Zafirlukast <sup>QL</sup> \$85
<b>Spacer devices for use with inhalers</b> <sup>QL</sup>	Common covered brand names: Breatherite, Microchamber, Microspacer, Optichamber Diamond, Pocket Chamber, Vortex	Common covered brand names: Breatherite, Microchamber, Microspacer, Optichamber Diamond, Pocket Chamber, Vortex

Key: QL = quantity limit, \* can be utilized with spacer

This information is current as of 8/7/2018 and subject to change. Please visit the Amerigroup website at <https://providers.amerigroup.com/FL> for the most up-to-date *Preferred Drug Lists* for both programs.