

### Pharmacy education – step therapy, quantity limits

Amerigroup Community Care would like to provide you with information on the step therapy (ST), quantity limited (QL) and prior authorization (PA) edit requirements for our suite of respiratory medications referenced on our formulary. Some medications may be prescribed without ST or PA while other medications have edits.

There are two medications that require PA.

Please review the information in the grid to be informed when prescribing respiratory medications for our members.

Medication	ST (Y/N)	ST edits	Quantity limits
Advair*	Y	Inhaled corticosteroid (i.e. QVAR, Flovent, Aerospa)	1 inhaler per 27 days, or 2 inhalers per 45 days
Aerospa	N	None	None
Asmanex	N	None	None
Dulera	Y	Inhaled corticosteroid (i.e. QVAR, Flovent, Aerospa)	1 inhaler per 27 days, or 2 inhalers per 45 days
Flovent hfa	N	NONE	1 inhaler per 27 days, or 2 inhalers per 45 days
Montelukast	N	None	1 tablet per day
Pulmicort flexhaler	N	NONE	1 inhaler per 27 days, or 2 inhalers per 45 days
Qvar	N	None	3 inhalers per 27 days, or 6 inhalers per 45 days
Symbicort	Y	Inhaled corticosteroid (i.e. QVAR, Flovent, Aerospa)	1 inhaler per 27 days, or 2 inhalers per 45 days
Zafirlukast	N	None	2 tablets per day

\*Effective September 1, 2015, Advair changed to nonpreferred status for members 12 years and older. Dulera and Symbicort are preferred.

XOLAIR	PA is required.
SINGULAIR	PA is required.

If you have questions about this communication, received it in error or need assistance with any other item, including requesting prior authorization, contact your local Provider Relations representative or call Provider Services toll-free at 1-800- 964-2112.