

Asthma Preferred Drug List Quick Reference Guide

Simply Healthcare Plans, Inc. and Clear Health Alliance (Simply) appreciates the care you give our members in the Statewide Medicaid Managed Care Managed Medical Assistance (SMMC MMA) and Florida Healthy Kids (FHK) programs. We always strive to support your efforts to keep our members healthy. We recognize how important it is for your patients to obtain medications to control their asthma symptoms. To that end, we are providing this quick reference guide of frequently used preferred asthma medications for each program.

Please note there is variation in the preferred medications between the Medicaid and 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 that the brand should be dispensed.

Prescriptions written for nonpreferred medications or written 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 utilize a preferred formulary medication or requires a quantity over the quantity limit, please fax PA requests to Simply at **1-844-494-8345** for retail pharmacy or **1-844-509-9862** for medical injectables.

Medication type	SMMC MMA and MediKids preferred medications	FHK preferred medications
Short-acting bronchodilators	Albuterol nebulized solution ^{QL}	Albuterol nebulized solution ^{QL}
	ProAir HFA Inhaler (albuterol) ^{QL}	Ventolin HFA Inhaler (albuterol) ^{QL}
	Proventil HFA Inhaler (albuterol) ^{QL}	
Inhaled corticosteroids	Asmanex Twisthaler (mometasone): Minimum age 4 years ^{QL}	Preferred: Aerospan (flunisolide) ^{QL}
	Flovent Diskus (fluticasone): Minimum age 4 years ^{QL}	Preferred: Arnuity Ellipta (fluticasone) ^{QL}
	Flovent HFA (fluticasone): No age limit ^{QL}	Nonpreferred: Asmanex Twisthaler (mometasone): Covered for ages < 6 years only ^{QL}
	Brand preferred: Pulmicort Respules (budesonide): Maximum age 11 years ^{QL}	Generic preferred: Budesonide Respules: Maximum age 5 years ^{QL}
	Qvar (beclomethasone): Minimum age 5 years	Nonpreferred: Flovent Diskus/HFA (fluticasone): Covered for ages < 6 years only ^{QL}
		Nonpreferred - Qvar (beclomethasone): Covered for ages < 12 only ^{QL}

Medication type	SMMC MMA and MediKids preferred medications	FHK preferred medications
Beta-adrenergic and glucocorticoid combinations	Advair Diskus (fluticasone/salmeterol): Minimum age 4 years ^{QL}	Nonpreferred: Advair Diskus (fluticasone/salmeterol): Covered for ages 4 to 11 ^{QL, ST}
	Advair HFA (fluticasone/salmeterol): Minimum age 5 years ^{QL}	Preferred: Breo Ellipta (fluticasone/vilanterol) ^{QL, ST}
	Dulera (mometasone/formoterol): Minimum age 12 years ^{QL}	Preferred: Dulera (mometasone/formoterol) ^{QL, ST}
	Symbicort (budesonide/formoterol): Minimum age 5 years ^{QL}	
Leukotriene modifiers	Montelukast granules: Maximum age 4 years ^{QL}	Montelukast granules: No age limit ^{QL}
	Montelukast chew tabs/tablets ^{QL}	Montelukast chew tabs/tablets ^{QL}
	Zafirlukast ^{QL}	Zafirlukast ^{QL}
Update: Spacer devices for use with inhalers^{QL}	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: ST-step therapy, QL-quantity limit

This information is current as of October 2016 and is subject to change.

Please visit us on our provider websites at www.simplyhealthcareplans.com/provider or www.clearhealthalliance.com/provider for the most up-to-date *Preferred Drug List* forms.