



Asthma

In our continuing effort at McLaren Health Plan to improve clinical outcomes for our Medicaid and Commercial members, we would like to remind you to see your asthma patients at least once per year to ensure they are on the right medications for their asthma.

Persistent asthmatics can be identified by:

- At least one ED visit with a principal diagnosis of asthma
- At least one acute inpatient encounter with a principal diagnosis of asthma
- At least four outpatient visits or observation visits on different dates of service, with any diagnosis of asthma and at least two asthma medication dispensing events
- At least four asthma medication dispensing events

Description	ICD-10-CM Diagnosis
Asthma	J44.9, J44.1, J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.909

If your patient does have asthma, in accordance with the Michigan Quality Improvement Consortium guidelines, please consider ordering a preventive asthma controller medication. Our preferred drug list for asthma is attached on the next page for your consideration.

If you feel your patient could use education regarding filling all medications prescribed and the purpose of each medication, please contact McLaren Health Plan to make a referral to case management. We look forward to working in partnership with you to help our members achieve optimum health.

McLaren Health Plan thanks you for the quality care your deliver!

PCP Feedback	[Comments, Requests, Questions, etc.: FAX BACK to (877) 502-1567]
Name _____	Phone/email _____
PLEASE PRINT CLEARLY	

**Medical Management Update
June 2017**

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	YES	3	Max one inhaler per month
Alvesco	Ciclesonide	PA	3	Max one inhaler per month
Arnuity Ellipta	Fluticasone	PA	2	Max one inhaler per month
Asmanex	Mometasone	PA	3	Max one inhaler per month
Flovent HFA	Fluticasone	PA	2	Max one inhaler per month
Flovent Rotodisc	Fluticasone	PA	2	Max one inhaler per month
Pulmicort Flexhaler	Budesonide	YES	2	Max one inhaler per month
Pulmicort Respules	Budesonide	YES	1	Prior authorization required for those members over the age of six
QVAR	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	PA	2	Max one inhaler per month
Brovana	Arformoterol Tartrate	PA	3/PA	
Foradil	Formoterol Fumarate	YES	2	Max one inhaler per month
Perforomist	Formoterol Fumarate	PA	3/PA	
Serevent	Salmeterol Xinafoate	YES	3	Max one inhaler per month
Vospire ER	Albuterol Sulfate	PA	1	
Inhaled Corticosteroids/Long-Acting Beta-Agonist Combinations				
Advair Diskus	Fluticasone/Salmeterol	PA	2	Max one inhaler per month
Advair HFA	Fluticasone/Salmeterol	PA	3	Max one inhaler per month
Breo Ellipta	Fluticasone/Vilanterol	PA	3	Max one inhaler per month
Dulera	Mometasone/Formoterol	YES	2	Max one inhaler per month
Symbicort	Budesonide/Formoterol	YES	2	Max one inhaler per month
Anticholinergics and Combinations: Used as bronchial dilators				
Anoro Ellipta	Umeclidinium/Vilanterol	PA	2	Max one inhaler per month
Atrovent HFA	Ipratropium Bromide	YES	2	Max two inhalers per month
Atrovent Neb Solution	Ipratropium Bromide	YES	1	
Combivent	Ipratropium/Albuterol	YES	2	Max two inhalers per month
Spiriva	Tiotropium Bromide	YES	2	Max one inhaler per month
Stiolto Respimat	Tiotropium/Olodaterol	PA	3/PA	

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ASTHMA MEDICATION SUMMARY CON'T

Cromolyn and Theophylline Products: Used as alternative controller medications (not preferred)				
Intal Inhaler	Cromolyn Sodium	YES	3/PA	
Intal Nebulizer Solution	Cromolyn Sodium	YES	1	
Slo-BID	Theophylline	YES	1	
Theo-Dur	Theophylline	YES	1	
Uniphyll	Theophylline	YES	1	
Leukotriene Modifiers: Used as alternative controller medications				
Accolate	Zafirlukast	PA	1	Quantity Limits
Singulair	Montelukast	YES	1	Quantity Limits
Zyflo	Zileuton	PA	3/PA	

Immunomodulators: Used to modify the allergic immune response				
Xolair	Omalizumab	Medical Benefit	Medical Benefit	Criteria must be met. Specialty Pharmacy required.
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	Albuterol Sulfate	YES	1	
ProAir HFA	Albuterol Sulfate	PA	2	Max two inhalers per month
Proventil HFA	Albuterol Sulfate	PA	2	Max two inhalers per month
Proventil Neb Solution	Albuterol Sulfate	YES	1	
Ventolin HFA	Albuterol Sulfate	YES	2	Max two inhalers per month
Xopenex HFA	Levalbuterol Sulfate	PA	3	
Xopenex Neb Solution	Levalbuterol Sulfate	PA	1/PA	

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