SmartPA Criteria Proposal

Drug/Drug Class:	Corticosteroids, Oral Inhaled PDL Edit
First Implementation Date:	December 01, 2004
Proposed Date:	April 18, 2023
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	☐Existing Criteria ☒Revision of Existing Criteria ☐New Criteria

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected: Inhaled corticosteroids suppress the body's production of substances that trigger inflammation and reduce the production of substances that maintain inflammation. They are used chronically for control of asthma symptoms and are the most effective long-term therapy available for mild, moderate, or severe persistent asthma. This class of medications consistently demonstrate effectiveness for control of asthma by reducing symptom severity, improving peak expiratory flow, diminishing airway hyperresponsiveness and potentially preventing airway wall remodeling. Inhaled corticosteroids have different potencies, but potency does not correlate with clinical efficacy. In general, they are well tolerated and safe at the recommended dosages.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:

Preferred Agents	Non-Preferred Agents
• Advair Diskus® • Budesonide Respules • Dulera® 100mcg/5mcg, 200mcg/5mcg • Flovent HFA® • Symbicort®	• Advair® HFA • AirDuo® Digihaler® • AirDuo® RespiClick® • Alvesco® • ArmonAir® Digihaler® • Arnuity® Ellipta® • Asmanex® HFA and Twisthaler • Breo™ Ellipta™ • Budesonide/Formoterol (gen Symbicort®) • Dulera® 50mcg/5mcg • Flovent Diskus® • **Fluticasone Propionate HFA** • Fluticasone/Salmeterol (gen Advair Diskus®) • **Fluticasone/Salmeterol (gen Advair® HFA)** • Fluticasone/Salmeterol (gen AirDuo®) • **Fluticasone/Vilanterol (gen Breo™ Ellipta™)**

	• Pulmicort® Flexhaler • Pulmicort® Respules • QVAR® Redihaler® • Wixela Inhub®

Type of Criteria: ☐ **Increased risk of ADE**   ☒ **Preferred Drug List**
              ☐ **Appropriate Indications**   ☐ **Clinical Edit**

Data Sources: ☐ **Only Administrative Databases**   ☒ **Databases + Prescriber-Supplied**

Setting & Population

- Drug class for review: Corticosteroids Oral, Inhaled
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents
  - Documented trial period of preferred agents **OR**
  - Documented ADE/ADR to preferred agents

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met

Required Documentation

Laboratory Results: ☐   Progress Notes: ☐
MedWatch Form: ☐   Other: ☐

Disposition of Edit

Denial: Exception Code "0160" (Preferred Drug List)
Rule Type: PDL

Default Approval Period

1 year

References

- Evidence-Based Medicine and Fiscal Analysis: "Therapeutic Class Review: RESPIRATORY: Inhaled Corticosteroids (ICS)", Gainwell Technologies; Last updated January 29, 2023.
- Evidence-Based Medicine and Fiscal Analysis: "Therapeutic Class Review: RESPIRATORY: Inhaled Corticosteroid-Long Acting Beta Agonist (ICS/LABA)", Gainwell Technologies; Last updated February 8, 2023.
- Evidence-Based Medicine Analysis: "Inhaled Corticosteroids (ICS)", UMKC-DIC; Last updated January 2023.

- Evidence-Based Medicine Analysis: "Combination Inhaled Corticosteroids, Long-Acting Beta Agonist (ICS-LABA)", UMKC-DIC; Last updated January 2023.
- USPDI, Micromedex; 2023.
- Facts and Comparisons eAnswers (online); 2023 Clinical Drug Information, LLC.