

Asthma Policy Update

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Asthma Treatment

- ❖ Asthma can be effectively treated, and most patients can achieve good control of their asthma. When asthma is under good control, patients can:
 - Avoid troublesome symptoms during day and night
 - Need little to no reliever medication
 - Have productive, physically active lives
 - Have normal or near normal lung function
 - Avoid serious asthma flare-ups (exacerbations or attacks)
- ❖ Treatment with inhaled corticosteroid (ICS) containing medications reduces frequency and severity of asthma symptoms and reduces the risk of flare-ups and dying due to asthma.
- ❖ Asthma flare-ups can be fatal. They are more common and more severe when asthma is uncontrolled.

References:

1. GINA Pocket Guide 2021 - <https://ginasthma.org/wp-content/uploads/2021/05/GINA-Pocket-Guide-2021-V2-WMS.pdf>

Asthma Treatment Recommendations

- ❖ For safety, the Global Initiative for Asthma (GINA) recommends that every adult and adolescent with asthma should receive an ICS-containing controller medication to reduce risk of serious exacerbations, including patients with infrequent symptoms.
- ❖ Every patient with asthma should have a reliever inhaler for as-needed use:
 - ICS-formoterol or short acting beta agonist (SABA)
 - ICS-formoterol is preferred as it reduces the risk of severe exacerbations compared to SABA
 - ICS-formoterol should not be used as the reliever when the patient is taking a different maintenance ICS-LABA, these patients should receive a SABA

References:

1. GINA Pocket Guide 2021 - <https://ginasthma.org/wp-content/uploads/2021/05/GINA-Pocket-Guide-2021-V2-WMS.pdf>

SABA Overutilization

- ❖ Although SABA provides quick relief of symptoms, SABA-only treatment is associated with increased risk of exacerbations and lower lung function.
- ❖ Regular use of SABA increases allergic responses and airway inflammation and reduces the bronchodilator response to SABA when it is needed.
- ❖ Use of ≥ 3 canisters per year is associated with an increased risk of severe exacerbations.
 - 40.5% of MO HealthNet participants that received at least 1 SABA in 2021 received 3 or more in 12 months.
- ❖ Use of ≥ 12 canisters in a year is associated with increased risk of asthma-related death.
 - 6.4% of MO HealthNet participants that received at least 1 SABA in 2021 received 12 or more in 12 months.

References:

1. GINA Pocket Guide 2021 - <https://ginasthma.org/wp-content/uploads/2021/05/GINA-Pocket-Guide-2021-V2-WMS.pdf>

Leukotriene Inhibitors

- ❖ Many providers are unaware of montelukast's black box warning regarding the risk of serious mental health effects.
- ❖ For use in asthma, leukotriene receptor antagonists are less effective compared to a regular ICS, particularly for preventing exacerbations.
- ❖ For use in allergic rhinitis, the FDA has determined that montelukast should be reserved for patients who have not responded adequately to other therapies or who cannot tolerate these therapies.

References:

1. GINA Pocket Guide 2021 - <https://ginasthma.org/wp-content/uploads/2021/05/GINA-Pocket-Guide-2021-V2-WMS.pdf>
2. <https://www.fda.gov/drugs/drug-safety-and-availability/fda-requires-boxed-warning-about-serious-mental-health-side-effects-asthma-and-allergy-drug>

SABA Utilization by MHD Participants

of Participants who received at least one SABA MDI in CY 2021

18 And Under	Over 18	Grand Total
48,854	46,931	95,785

>4 MDI/Year	18 And Under	Over 18	Grand Total	>6 MDI/Year	18 And Under	Over 18	Grand Total
Asthma	3,456	1,582	5,038	Asthma	2,118	1,126	3,244
Both	33	926	959	Both	22	751	773
COPD	27	7,443	7,470	COPD	16	5,619	5,635
None	4,626	5,371	9,997	None	2,607	3,644	6,251
Grand Total	8,142	15,322	23,464	Grand Total	4,763	11,140	15,903
	17%	33%	24%		10%	24%	17%

>10 MDI/Year	18 And Under	Over18	Grand Total	>12 MDI/Year	18 And Under	Over 18	Grand Total
Asthma	855	548	1,403	Asthma	521	317	838
Both	10	432	442	Both	6	256	262
COPD	6	3,079	3,085	COPD	4	1,565	1,569
None	977	1,659	2,636	None	575	791	1,366
Grand Total	1,848	5,718	7,566	Grand Total	1,106	2,929	4,035
	4%	12%	8%		2%	6%	4%

Figures are for CY2021 and exclude participants diagnosed with cystic fibrosis

ER and Inpatient Stays for Asthma or COPD Exacerbation per Participant per Year

# of MDIs	18 and Under				Over 18			
	>11	>6	>3	<3	>11	>6	>3	<3
Asthma	0.527	0.529	0.437	0.220	0.490	0.420	0.379	0.229
Both	0.900	0.818	0.725	0.579	1.227	1.191	1.094	0.803
COPD	0.500	0.375	0.206	0.049	0.495	0.450	0.440	0.330
None	0.034	0.040	0.044	0.026	0.023	0.021	0.023	0.021
Total	0.268	0.263	0.203	0.067	0.421	0.357	0.316	0.109

Data pulled 3/17/2022 for dates of service in CY 2021. Excludes participants diagnosed with CF. Analysis include participants who received 1 albuterol MDI in CY 2021. ER and Inpatient claims included if the claim included diagnosis code of asthma exacerbation, status asthmaticus, or COPD exacerbation.

MHD Compared to other Medicaid Programs

PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate: Age 40 and Older (FFY 2020)

[Learn more about this measure +](#)

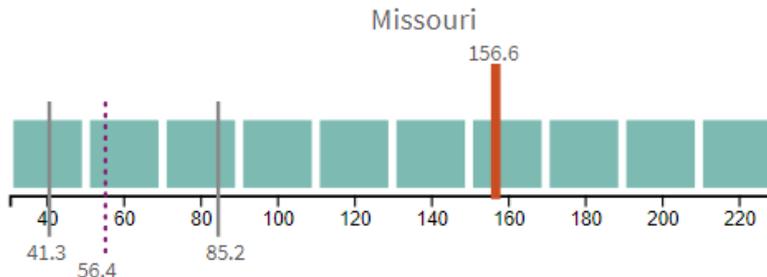
Rate

- Inpatient Hospital Admissions for Chronic Obstructive Pulmonary Disease (COPD) or Asthma per 100,000 Beneficiary Months: Ages 40 to 64

Population

Medicaid & CHIP

31 States Reporting **156.6** State Rate
Rate per 100,000 Beneficiary Months



i Rate per 100,000 Beneficiary Months
Drag left or right to move the scale. Zoom in or out by placing your cursor over the graph and scrolling or double clicking.

Lower rates are better for this measure

PQI 15: Asthma in Younger Adults Admission Rate: Ages 18 to 39 (FFY 2020)

[Learn more about this measure +](#)

Rate

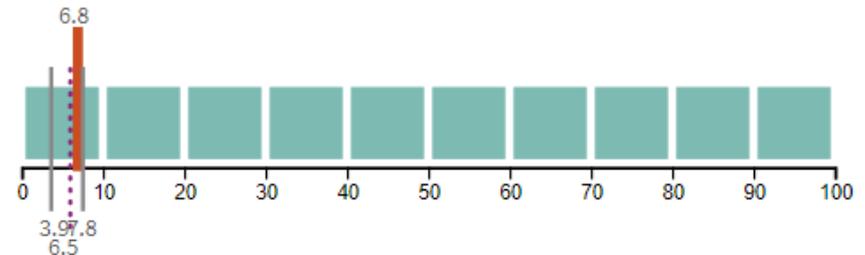
- Inpatient Hospital Admissions for Asthma per 100,000 Beneficiary Months: Ages 18 to 39

Population

Medicaid & CHIP

32 States Reporting **6.8** State Rate
Rate per 100,000 Beneficiary Months

Missouri



i Rate per 100,000 Beneficiary Months
Drag left or right to move the scale. Zoom in or out by placing your cursor over the graph and scrolling or double clicking.

Lower rates are better for this measure

References:

- <https://www.medicaid.gov/state-overviews/stateprofile.html?state=missouri>

MHD Compared to other Medicaid Programs

Asthma Medication Ratio: Ages 5 to 18 (FFY 2020)

[Visit this measure on:](#)



[Learn more about this measure +](#)

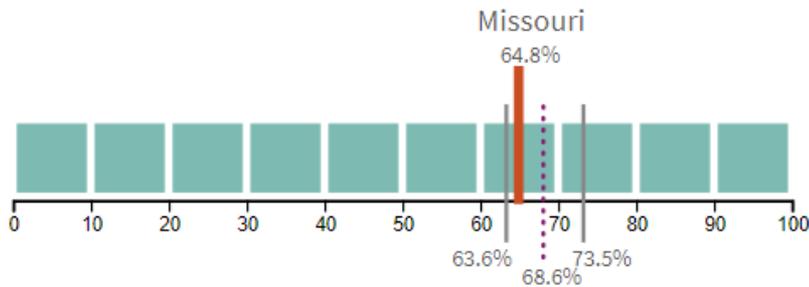
Rate: Select One

- Percentage with Persistent Asthma who had a Ratio of Controlle... ▾

Population

Medicaid & CHIP

43 States Reporting **64.8%** State Rate



i Drag left or right to move the scale. Zoom in or out by placing your cursor over the graph and scrolling or double clicking.

Higher rates are better for this measure

Asthma Medication Ratio: Ages 19 to 64 (FFY 2020)

[Visit this measure on:](#)



[Learn more about this measure +](#)

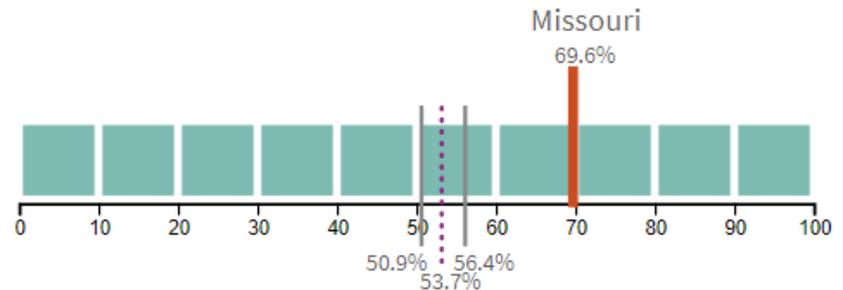
Rate: Select One

- Percentage with Persistent Asthma who had a Ratio of Controlle... ▾

Population

Medicaid & CHIP

42 States Reporting **69.6%** State Rate



i Drag left or right to move the scale. Zoom in or out by placing your cursor over the graph and scrolling or double clicking.

Higher rates are better for this measure

References:

- <https://www.medicaid.gov/state-overviews/stateprofile.html?state=missouri>

Proposed Policy Changes (effective July 2022)

- ❖ Goal of changes: notify prescribers of over utilization of SABA and promote the use of SMART and maintenance medications to prevent exacerbations.
- ❖ Quantity limits for SABA MDI (albuterol and levalbuterol):
 - Participants ≥ 18 years old: 3 canisters per 180 days (3.3 puffs per day)
 - Participants with cystic fibrosis are excluded from the quantity limit
- ❖ Quantity limit for albuterol or levalbuterol inhalation solution:
 - 120 vials per 60 days
 - Participants with cystic fibrosis are excluded from the quantity limit
- ❖ Leukotriene inhibitors will require prior authorization for new starts
 - Asthma: History of ICS/LABA for 90 or more days
 - Allergies: History of 2nd generation antihistamine and nasal steroid, both for 90 or more days
 - Eosinophilic Gastroenteritis
 - Obstructive Sleep Apnea/Sleep Disorder Breathing

72 Hour Emergency Supply

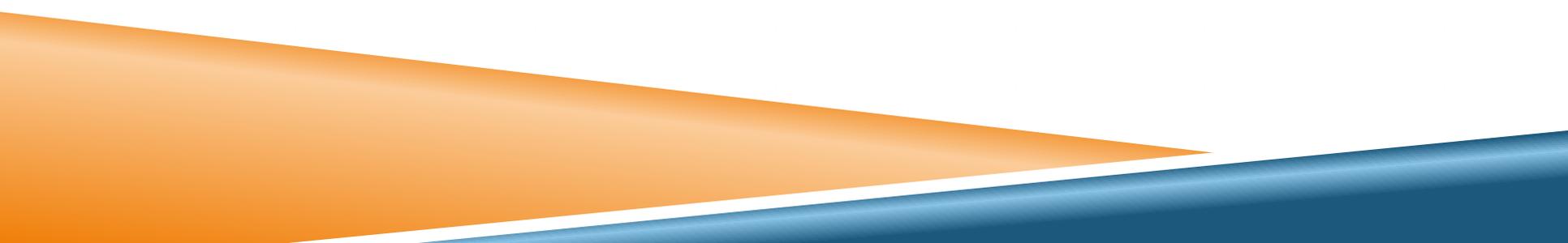
- ❖ The dispensing of a 72-hour emergency supply is reimbursable only when dispensed outside of Pharmacy Help Desk regular working hours.
- ❖ The intent of this requirement is to assure participants have access to prior authorized drugs when necessary. Not to circumvent the PA process. Claims submitted for an emergency supply are tracked and reviewed for possible abuse by participants and providers. If such abuse is detected, appropriate action is taken. For questions about this policy, please contact Pharmacy Administration at (573) 751-6963.

References:

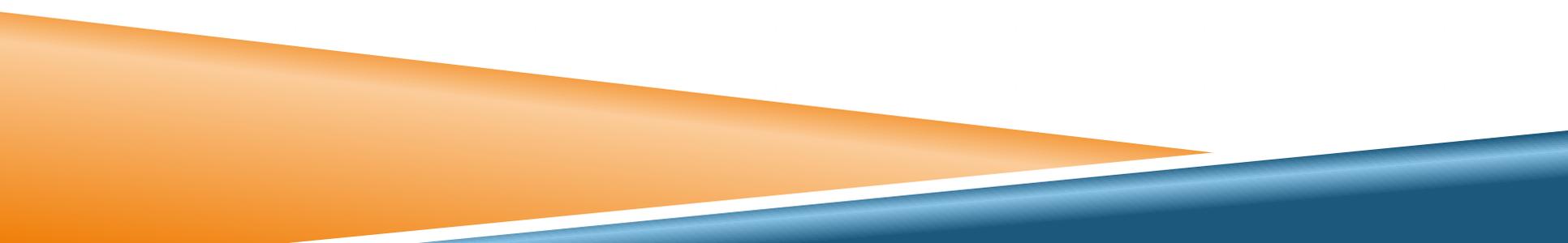
1. MO HealthNet Pharmacy Provider Manual – Section 13.6.C found at http://manuals.momed.com/collections/collection_pha/print.pdf

Communication Plan

❖ Outreach to MO HealthNet Providers via:

- Provider e-mail blasts
 - Direct communication with provider groups, including prescribers and pharmacies
 - MHD staff available to speak to provider groups at conferences and webinars
 - Drug utilization review message is already being sent to pharmacies at point of sale
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ASTHMA EDUCATION AND ENVIRONMENTAL ASSESSMENT SERVICES

- ❖ MO HealthNet covers asthma education and environmental assessment services
 - ❖ Providing a combination of asthma education and environmental assessments leads to better health outcomes in the pediatric population.
 - ❖ These services are outlined in the Payment Policy for Asthma Education and In-Home Environmental Assessments 13 CSR 70-25.150.
 - All asthma education and asthma environmental assessment services must take place in the participant's home.
 - The annual limit of asthma education visits will be dependent on the codes used, but shall not exceed one (1) hour per year with the exception of one (1) 90- minute self-management session.
 - The annual limit for asthma environmental assessments is 2 sessions.
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ASTHMA EDUCATION AND ENVIRONMENTAL ASSESSMENT SERVICES

- ❖ For participants to be eligible for asthma education and asthma environmental assessment services the individual must meet the following criteria:
 - Currently enrolled in MO HealthNet, **and**
 - Younger than 21 years of age, **and**
 - Have a primary diagnosis of asthma, **and**
 - Have had one of the following events as a result of asthma in the last 12 months:
 - 1 or more Inpatient Hospital stays, **or**
 - 2 or more Emergency Department (ED) visits, **or**
 - 3 or more Urgent Care visits, **or**
 - A high utilization of rescue inhalers (short-acting inhaled beta-2 agonists) defined as 4 or more prescription refills, or underutilization of ICS (inhaled corticosteroids) defined as missing 4 or more refills based on their enrollment months, **and** at least one ED or Urgent Care visit.