SmartPA Criteria Proposal

Drug/Drug Class: Corticosteroids Oral – Inhaled PDL Edit
First Implementation Date: December 01, 2004
Revised Date: July 9, 2020
Prepared For: MO HealthNet
Prepared By: MO HealthNet/Conduent
Criteria Status: ☑ Revision of Existing 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.

<table>
<thead>
<tr>
<th>Program-Specific Information</th>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Advair Diskus®</td>
<td>• Advair HFA</td>
<td></td>
</tr>
<tr>
<td>• Budesonide Respules</td>
<td>• AirDuo™ RespiClick®</td>
<td></td>
</tr>
<tr>
<td>• Dulera® 100mcg/5mcg, 200mcg/5mcg</td>
<td>• Alvesco®</td>
<td></td>
</tr>
<tr>
<td>• Flovent® HFA</td>
<td>• ArnorAir™ RespiClick®</td>
<td></td>
</tr>
<tr>
<td>• Symbicort®</td>
<td>• Arnuity Ellipta®</td>
<td></td>
</tr>
<tr>
<td>• Asmanex® HFA and Twisthaler</td>
<td>• Budesonide/Formoterol (gen Symbicort®)</td>
<td></td>
</tr>
<tr>
<td>• Breo Ellipta™</td>
<td>• Dulera® 50mcg/5mcg</td>
<td></td>
</tr>
<tr>
<td>• Budesonide/Formoterol (gen Symbicort®)</td>
<td>• Flovent Diskus®</td>
<td></td>
</tr>
<tr>
<td>• Fluticasone/Salmeterol (gen Advair Diskus®)</td>
<td>• Fluticasone/Salmeterol (gen AirDuo™)</td>
<td></td>
</tr>
<tr>
<td>• Fluticasone/Salmeterol (gen Advair Diskus®)</td>
<td>• Pulmicort® Flexhaler</td>
<td></td>
</tr>
<tr>
<td>• Pulmicort® Respules</td>
<td>• Pulmicort® Respules</td>
<td></td>
</tr>
<tr>
<td>• QVAR® Redihaler™</td>
<td>• QVAR® Redihaler™</td>
<td></td>
</tr>
<tr>
<td>• Wixela™ Inhub™</td>
<td>• Wixela™ Inhub™</td>
<td></td>
</tr>
</tbody>
</table>
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 no approval criteria are 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

1. Drug Effectiveness Review Project – Drug Class Review on “Controller Medications for Asthma”; Center for Evidence-Based Policy, Oregon Health & Science University; April 2011, Updated 2013.
5. USPDI, Micromedex; 2020.
6. Facts and Comparisons eAnswers (online); 2020 Clinical Drug Information, LLC.