



# SmartPA Criteria Proposal

<b>Drug/Drug Class:</b>	Corticosteroids, Oral Inhaled PDL Edit
<b>First Implementation Date:</b>	December 1, 2004
<b>Revised Date:</b>	August 17, 2023
<b>Prepared For:</b>	MO HealthNet
<b>Prepared By:</b>	MO HealthNet/Conduent
<b>Criteria Status:</b>	<input checked="" type="checkbox"/> Existing Criteria <input type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> 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
	<ul style="list-style-type: none"><li>Advair Diskus®</li><li>Budesonide Respules</li><li>Dulera® 100mcg/5mcg, 200mcg/5mcg</li><li>Flovent HFA®</li><li>Symbicort®</li></ul>	<ul style="list-style-type: none"><li>Advair HFA®</li><li>AirDuo® Digihaler®</li><li>AirDuo® RespiClick®</li><li>Alvesco®</li><li>ArmonAir® Digihaler®</li><li>Arnuity® Ellipta®</li><li>Asmanex® HFA and Twisthaler</li><li>Breo® Ellipta®</li><li>Breyna™</li><li>Budesonide/Formoterol (gen Symbicort®)</li><li>Dulera® 50mcg/5mcg</li><li>Flovent Diskus®</li><li>Fluticasone Propionate HFA</li><li>Fluticasone/Salmeterol (gen Advair Diskus®/HFA®, AirDuo®)</li><li>Fluticasone/Vilanterol (gen Breo® Ellipta®)</li><li>Pulmicort® Flexhaler</li></ul>

	<ul style="list-style-type: none"> <li>• Pulmicort® Respules</li> <li>• QVAR® Redihaler®</li> <li>• Wixela Inhub®</li> </ul>
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Type of Criteria: ☐ Increased risk of ADE  
☐ Appropriate Indications

☒ Preferred Drug List  
☐ 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: ☐  
 MedWatch Form: ☐

Progress Notes: ☐  
 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.

*SmartPA PDL Proposal Form*

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