

SmartPA Criteria Proposal

Drug/Drug Class:	Corticosteroids, Oral Inhaled PDL Edit
First Implementation Date:	December 01, 2004
Revised Date:	July 1, 2021
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	<input type="checkbox"/> Existing Criteria <input checked="" 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"> • Advair Diskus® • Budesonide Respules • Dulera® 100mcg/5mcg, 200mcg/5mcg • Flovent® HFA • Symbicort® 	<ul style="list-style-type: none"> • 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/Salmeterol (gen Advair Diskus®) • Fluticasone/Salmeterol (gen AirDuo® RespiClick®) • Pulmicort® Flexhaler • Pulmicort® Respules • QVAR® Redihaler® • Wixela™ Inhub™

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

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.
2. Evidence-Based Medicine Analysis: “Inhaled Corticosteroids”, UMKC-DIC; February 2021.
3. Evidence-Based Medicine and Fiscal Analysis: “Inhaled Corticosteroids– Therapeutic Class Review”, Conduent Business Services, L.L.C., Richmond, VA; January 2021.
4. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2021.
5. USPDI, Micromedex; 2021.
6. Facts and Comparisons eAnswers (online); 2021 Clinical Drug Information, LLC.