

# SmartPA Criteria Proposal

<b>Drug/Drug Class:</b>	Beta Adrenergic Agents, Short Acting PDL Edit
<b>First Implementation Date:</b>	November 17, 2004
<b>Revised Date:</b>	September 1, 2022
<b>Prepared For:</b>	MO HealthNet
<b>Prepared By:</b>	MO HealthNet/Conduent
<b>Criteria Status:</b>	<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:** Short-acting beta-agonists work quickly to relieve asthma symptoms. They relax the smooth muscles around the airways and are prescribed to use as needed to relieve shortness of breath most commonly associated with asthma. Overuse of these products is common and indicates that asthma is poorly controlled and that long-term control medications should be added or adjusted.

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>ProAir® HFA</li> <li>Ventolin® HFA</li> </ul>	<ul style="list-style-type: none"> <li>Albuterol HFA (gen ProAir® HFA)</li> <li>Albuterol HFA (gen Proventil® HFA)</li> <li>Albuterol HFA (gen Ventolin® HFA)</li> <li>Levalbuterol HFA</li> <li>ProAir® Digihaler®</li> <li>ProAir® RespiClick®</li> <li>Proventil® HFA</li> <li>Xopenex HFA®</li> </ul>

- 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: Beta Adrenergic Agents, Short Acting
- Age range: All appropriate MO HealthNet participants

## Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 preferred agents
  - Documented trial period of preferred agent **OR**
  - Documented ADE/ADR to preferred agent

## Denial Criteria

- Lack of adequate trial on required preferred agent
- Therapy will be denied if all approval criteria are not met
- **Cumulative quantity exceeds 3 inhalers per 180 days for participants aged ≥ 18 years (excluding diagnosis of cystic fibrosis)**

## 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

3 months

## References

- Evidence-Based Medicine and Fiscal Analysis: "Beta-Adrenergic Agents, Short Acting - Therapeutic Class Review" Conduent Business Services, L.L.C., Richmond, VA; January 2022.
- Evidence-Based Medicine Analysis: "Beta-2 Adrenergic Agonist Agents", UMKC-DIC; October 2021.
- USPDI, Micromedex; 2022.
- Facts and Comparisons eAnswers (online); 2022 Clinical Drug Information, LLC.