Drug/Drug Class: Beta Adrenergic Agents, Short Acting PDL Edit
First Implementation Date: November 17, 2004
Revised Date: September 1, 2022
Prepared For: MO HealthNet
Prepared By: MO HealthNet/Conduent
Criteria Status: ☐ Existing Criteria
☒ Revision of Existing Criteria
☐ 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:

<table>
<thead>
<tr>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
</tr>
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<tbody>
<tr>
<td>• ProAir® HFA</td>
<td>• Albuterol HFA (gen ProAir® HFA)</td>
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<tr>
<td>• Ventolin® HFA</td>
<td>• Albuterol HFA (gen Proventil® HFA)</td>
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<td></td>
<td>• Albuterol HFA (gen Ventolin® HFA)</td>
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<td>• Levalbuterol HFA</td>
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<td>• ProAir® Digihaler®</td>
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<td>• ProAir® RespiClick®</td>
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<td>• Proventil® HFA</td>
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<td>• Xopenex HFA®</td>
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</tbody>
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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

- USPDI, Micromedex; 2022.
- Facts and Comparisons eAnswers (online); 2022 Clinical Drug Information, LLC.