

### Clinical Pharmacy Program Guidelines for Inhaled Corticosteroids – Managed Medicaid

Program	Prior Authorization
Medication	Inhaled Corticosteroids (Single Agents)
Markets in Scope	California, Hawaii, Maryland, Nevada, New Jersey, New York-Medicaid, New York EPP, Ohio, Pennsylvania-Medicaid, Rhode Island
Issue Date	9/2015
Pharmacy and Therapeutics Approval Date	6/2019
Effective Date	8/2019

#### 1. Background:

##### Formulary Status

<b>Preferred Products</b>	<b>Non-preferred Products</b>
Arnuity Ellipta (fluticasone furoate) Qvar RediHaler (beclomethasone) Asmanex HFA (mometasone)*	Flovent Diskus (fluticasone propionate) Flovent HFA (fluticasone propionate) Pulmicort Flexhaler (budesonide) Alvesco (ciclesonide) Aerospan (flunisolide) ArmonAir RespiClick (fluticasone propionate) Asmanex Twisthaler (mometasone)

\*Preferred for patients under the age of 8 years.

#### 2. Coverage Criteria:

<p><b>A. <u>Flovent HFA</u></b> will be approved when <b><u>one</u></b> of the following circumstances are met:</p> <p>1. Patient is a premature infant diagnosed with bronchopulmonary dysplasia (BPD)/chronic lung disease (CLD)</p> <p style="text-align: center;"><b>-OR-</b></p> <p>2. <b><u>Both</u></b> of the following:</p> <p>(a) The patient has a diagnosis of eosinophilic esophagitis</p>
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**-AND-**

(b) Prescribed by an allergist, immunologist, or gastroenterologist

**-OR-**

3. **One** of the following:

(a) **ALL** of the following:

i. Patient is less than 8 years old

**-AND-**

ii. Diagnosis of asthma

**-AND-**

iii. **Both** of the following:

a. History of failure, contraindication, or intolerance to Asmanex HFA

**-AND-**

b. History of failure, contraindication, intolerance or inability to use **one** of the following:

- Qvar RediHaler
- Arnuity Ellipta

**-OR-**

(b) **ALL** of the following:

i. Patient is 8 years of age or older

**-AND-**

ii. Diagnosis of asthma

**-AND-**

iii. History of failure, contraindication, intolerance, or inability to use **both** of the preferred inhaled corticosteroids:

- Arnuity Ellipta

- Qvar RediHaler

**Authorization will be issued for 12 months.**

**B. Flovent Diskus, Pulmicort Flexhaler, Alvesco, ArmonAir RespiClick, Asmanex Twisthaler, or Aerospan** will be approved when the following circumstances are met:

1. **One** of the following:

(a) **ALL** of the following:

i. Patient is less than 8 years old

**-AND-**

ii. Diagnosis of asthma

**-AND-**

iii. **Both** of the following:

a. History of failure, contraindication, or intolerance to Asmanex HFA

**-AND-**

b. History of failure, contraindication, intolerance or inability to use **one** of the following:

- Qvar RediHaler
- Arnuity Ellipta

**-OR-**

(b) **ALL** of the following:

i. Patient is 8 years of age or older

**-AND-**

ii. Diagnosis of asthma

**-AND-**

iii. History of failure, contraindication, intolerance, or inability to use **both** of the preferred inhaled

corticosteroids:

- Arnuity Ellipta
- Qvar RediHaler

**Authorization will be issued for 12 months.**

C. **Asmanex HFA** will be approved when the following circumstances are met:

1. Patient is less than 8 years old

**-OR-**

2. **ALL** of the following:

(a) Patient is 8 years of age or older

**-AND-**

(b) Diagnosis of asthma

**-AND-**

(c) History of failure, contraindication, intolerance, or inability to use **both** of the preferred inhaled corticosteroids:

- Arnuity Ellipta
- Qvar RediHaler

**Authorization will be issued for 12 months.**

### 3. References:

1. Arnuity Ellipta Prescribing Information. GlaxoSmithKline, Research Triangle Park, NC. May 2018.
2. Asmanex HFA Prescribing Information. Merck, Whitehouse Station, NJ. March 2018.
3. Asmanex Twisthaler Prescribing Information. Merck, Whitehouse Station, NJ. March 2018.
4. Flovent HFA Prescribing Information. GlaxoSmithKline, Research Triangle Park, NC. January 2019.
5. Flovent Diskus Prescribing Information. GlaxoSmithKline, Research Triangle Park, NC. January 2019.
6. Pulmicort Flexhaler Prescribing Information. AstraZeneca, Wilmington, DE. October 2016.
7. QVAR Prescribing Information. Teva, Frazer, PA. May 2018.

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8. Alvesco Prescribing Information. Sunovion Pharmaceuticals, Marlborough, MA. January 2013.
9. Aerospan Prescribing Information. Meda Pharmaceuticals, Somerset, NJ. April 2018.
10. National Heart, Lung, and Blood Institute (NHLBI). National Asthma Education and Prevention Program (NAEPP). Expert Panel Report 3: Guidelines for diagnosis and management of asthma. U.S Department of Health and Human Services. Full report August 28, 2007. Available at: <http://www.nhlbi.nih.gov/guidelines/asthma/asth>.
12. ArmonAir RespiClick Prescribing Information. Teva, Frazer, PA. March 2018.

Program	Program type – ICS Single Agents
<b>Change Control</b>	
Date	Change
9/2015	New policy
11/2016	Annual review
3/2017	Added statement regarding premature infants diagnosed with BPD/CLD as an alternative pathway for approval for Flovent HFA and QVAR. Added an OR statement to Twisthaler requirement for patients less than 12 years of age.
2/2018	Added ArmonAir RespiClick to policy. Revised Flovent HFA criteria to include diagnosis of eosinophilic esophagitis. Updated preferred and non-preferred products for PDL change effective 4/1/18. Updated references.
5/2018	Added pathway to approval for Asmanex HFA for patients under the age of 8 years. Updated references.
6/2019	Added salt formulations for fluticasone products. Updated references.