

Market Applicability															
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	NA

*FHK- Florida Healthy Kids

Non-Preferred Inhaled Corticosteroid (ICS)

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 Year

*Louisiana Medicaid – See State Specific Mandates below

Medications	Comment	Quantity Limit
Arnuity Ellipta	Preferred	May be subject to quantity limit
Asmanex Twisthaler	Non-Preferred ages 6 and over	
Flovent Diskus/HFA	Preferred (HFA can be utilized with external valve holding chamber)	
Qvar HFA**	Covered for age <12 Non-Preferred ages 12 and over (Can be utilized with external valve holding chamber)	
Aerospan*	Non-Preferred (Has integrated spacer)	
Alvesco	Non-Preferred	
ArmonAir RespiClick	Non-Preferred	
Asmanex HFA	Non-Preferred	
Azmacort	Non-Preferred	
Pulmicort Flexhaler	Non-Preferred	
Qvar Redihaler	Non-Preferred (cannot be used with a valve holding chamber)	

*Aerospan has been discontinued by the manufacturer

**Qvar HFA is being discontinued by the manufacturer

APPROVAL CRITERIA

Requests for a non-preferred ICS agents may be approved if the following criteria are met:

PAGE 1 of 3 04/15/2018

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

CRX-ALL-0122-18

Market Applicability															
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	NA

*FHK- Florida Healthy Kids

- I. Individual is less than 12 (<12) years of age and has had a trial of and inadequate response or intolerance to **one** preferred oral ICS agent;

Preferred agents for ages less than 12 (<12): Flovent Diskus/HFA

NOTE: Qvar HFA will continue to be covered for individuals < 12; product is being discontinued by the manufacturer.

OR

- II. Individual is age 12 or older and has had a trial of and inadequate response or intolerance to **two** preferred oral ICS agents;

Preferred agents for ages 12 or older: Arnuity Ellipta, Flovent Diskus/HFA

OR

- III. Pulmicort Flexhaler (budesonide) may be approved for individuals who are pregnant or planning pregnancy during treatment;

OR

- IV. The preferred agent or agents are lactose-containing inhaled powder dose forms and the individual has a known or suspected hypersensitivity to milk proteins*.

***NOTE:** Agents inhaled utilizing a dry powder dose form (capsule, blister, inhaler) may contain lactose as an inactive ingredient. Individuals with a severe milk protein allergy should avoid use of these agents due to risk of anaphylactic reactions.

- Lactose-containing ICS agents: Arnuity Ellipta, Asmanex TwisThaler, Flovent Diskus, ArmonAir RespiClick, Pulmicort Flexhaler.
- Lactose-free ICS agents: Aerospan, Alvesco, Asmanex HFA, Flovent HFA, QVAR HFA/Redihaler.

State Specific Mandates		
Louisiana MCD	N/A	Louisiana common PDL requires coverage of Flovent HFA/Diskus and Pulmicort Flexhaler. These agents will not reject for step therapy (i.e., require trial of a preferred agent) for Louisiana Medicaid.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

Market Applicability															
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	NA

*FHK- Florida Healthy Kids

		Note – all other NP ICS inhalers will be subject to step therapy as outlined above.
--	--	---

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2017.
 URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website.
<http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Drug Facts and Comparisons. Facts and Comparisons [database online]. St. Louis, MO: Wolters Kluwer Health, Inc; 2017. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2017; Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.