

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

*FHK- Florida Healthy Kids

Nonpreferred Inhaled Corticosteroid (ICS)

Override(s)	Approval Duration
Prior Authorization	1 Year

Medications	Comment
Aerospan	Preferred
Arnuity Ellipta	Preferred
Alvesco	Non-Preferred
Asmanex Twisthaler	Non-Preferred ages 6 and over
Asmanex HFA	Non-Preferred
Azmacort	Non-Preferred
Flovent Diskus/HFA	Non-Preferred ages 6 and over
Pulmicort Flexhaler	Non-Preferred
Qvar	Non-Preferred ages 6 and over

APPROVAL CRITERIA

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

- I. Individual is age 6-11 and has had a trial of and inadequate response or intolerance to **one** preferred oral ICS agent;

Preferred agents for ages 6-11: Aerospan

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: Aerospan, Arnuity Ellipta

OR

- III. If Pulmicort Flexhaler (budesonide) is designated as non-preferred, may be approved for individuals who are pregnant or planning pregnancy during treatment;

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.

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OR

- IV. The preferred agent or agents is/are not FDA-approved for the individual's age, and one of the following is being requested:
- Asmanex Twisthaler (mometasone) in individual's between the ages of 4 and 6; **OR**
 - Flovent Diskus/HFA (fluticasone) in individual's between the ages of 4 and 6; **OR**
 - QVAR (beclomethasone) in individual's between the ages of 5 and 6;

OR

- V. The preferred agent or agents are lactose-containing inhaled powder dose forms and the individual has a known 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, Pulmicort Flexhaler.
- Lactose-free ICS agents: Aerospan, Alvesco, Asmanex HFA, Flovent HFA, QVAR.

State Specific Mandates		
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2016. 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; 2016. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2016; Updated periodically.

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