

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

## Non-Preferred Inhaled Corticosteroid (ICS)

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

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)	
Alvesco	Non-Preferred	
ArmonAir Digihaler	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)	

### APPROVAL CRITERIA

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

- 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

**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;

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

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 Digihaler, ArmonAir RespiClick, Pulmicort Flexhaler.
- Lactose-free ICS agents: Alvesco, Asmanex HFA, Flovent HFA, QVAR Redihaler.

**Key References:**

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: April 3, 2020.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Fanta CH. An overview of asthma management. Last updated: October 5, 2017. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed: January 16, 2020.
4. Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention, 2019. Available from: <http://ginasthma.org/gina-reports/>. Accessed on: April 4, 2020.
5. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2020; Updated periodically.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

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.