UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for ICS Single Agents -ARIZONA

Program	Prior Authorization
Medication	ICS Single Agents
Markets in Scope	Arizona

1. Background:

Formulary Status

Preferred Products	Non-preferred Products
Asmanex Twisthaler (mometasone) Flovent HFA (fluticasone) Pulmicort Flexhaler (budesonide) Pulmicort Respules (budesonide)- BRAND ONLY QVAR (beclomethasone)	Aerospan (flunisolide) Alvesco (ciclesonide) ArmonAir RespiClick (fluticasone) Arnuity Ellipta (fluticasone) Asmanex HFA (mometasone) Budesonide Respule- GENERIC ONLY Flovent Diskus (fluticasone)

2. Coverage Criteria:

A. A Non-Preferred Inhaled Corticosteroid will be approved when the following circumstances are met:

1. **Both** of the following:

   a. Diagnosis of asthma

   -AND-

   b. History of failure, contraindication, or intolerance to **a majority (not more than 3)** of the preferred inhaled corticosteroids:
      - Asmanex Twisthaler (mometasone)
      - Flovent HFA (fluticasone)
      - QVAR (beclomethasone)
      - Pulmicort Flexhaler (budesonide)
      - Pulmicort Respule (budesonide)- BRAND ONLY

-OR-

2. **Pulmicort Respules – GENERIC**

   a. Patient must have a history of failure, contraindication, or intolerance to BRAND Pulmicort Respules

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Authorization will be issued for 12 months.

B. **<u>BRAND Pulmicort Respules for Patients 4 Years of Age and Older,</u>** will be approved when the following circumstances are met:

1. **Both** of the following:

   a. Diagnosis of asthma

   -AND-

   b. The patient has a reason or special circumstance that they cannot use an inhaler device

Authorization will be issued for 12 months.

3. References:

1. Arnuity Ellipta Prescribing Information. GlaxoSmithKline, November 2014.
2. Asmanex HFA Prescribing Information. Merck, August 2015.
3. Asmanex Twisthaler Prescribing Information. Merck, September 2014.
4. Flovent HFA Prescribing Information. GlaxoSmithKline, December 2014.
5. Flovent Diskus Prescribing Information. GlaxoSmithKline, May 2014.
6. Pulmicort Flexhaler Prescribing Information. AstraZeneca, July 2010.
7. QVAR Prescribing Information.Teva, July 2014.
8. Alvesco Prescribing Information. Sunovion, January 2013.
9. Aerospan Prescribing Information.Meda Pharmaceuticals, August 2013.
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.
11. Global Initiative for Asthma (GINA). National Heart, Lung, and Blood Institute (NHLBI). Global strategy for asthma management and prevention 2006.

Program	Program type – ICS Single Agents
Change Control	
Date	Change
August 2017	New policy specific to Arizona.
April 2018	Switched Pulmicort Flexhaler from Non-preferred to Preferred. Updated criteria for Brand Pulmicort to only be applied to members 4 years of age and older. Added ArmonAir to non-preferred products.

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