



UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

Program Number	2018 P 3090-3
Program	Step Therapy
Medication	Pulmicort Flexhaler (budesonide inhalation powder)
P&T Approval Date	11/2016; 11/2017, 11/2018
Effective Date	2/1/2019; Oxford only: 2/1/2019

**1. Background:**

Pulmicort Flexhaler (budesonide inhalation powder) is indicated for the maintenance treatment of asthma as prophylactic therapy in patients six years of age or older.

Step Therapy programs are utilized to encourage the use of lower cost alternatives for certain therapeutic classes. This program requires a member to try Alvesco (ciclesonide), Asmanex HFA/Twisthaler (mometasone furoate), or QVAR Redihaler (beclomethasone dipropionate) before providing coverage for Pulmicort Flexhaler for the treatment of asthma.

Members currently on Pulmicort Flexhaler as documented in claims history within the previous 12 months will be allowed to continue on their current therapy<sup>+</sup>. Members new to therapy will be required to meet the coverage criteria below.

**2. Coverage Criteria<sup>a</sup>:**

**A. Pulmicort Flexhaler** will be approved based on the following criteria:

1. History of failure, contraindication, or intolerance to **two** of the following medications:
  - a. Alvesco
  - b. Asmanex (HFA or Twisthaler)
  - c. QVAR Redihaler

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

<sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

<sup>+</sup> Contingency edit does not apply to members on the Essential PDL



**3. Additional Clinical Programs:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may also be in place.

**4. References:**

1. Alvesco prescribing information. Marlborough, MA: Sunovion Pharmaceuticals Inc. January 2013.
2. Asmanex HFA prescribing information. Whitehouse Station, NJ: Merck Sharp & Dohme Corp. March 2018.
3. Asmanex Twisthaler prescribing information. Whitehouse Station, NJ: Merck Sharp & Dohme Corp. March 2018.
4. Pulmicort Flexhaler prescribing information. Wilmington, DE: AstraZeneca LP. October 2016.
5. QVAR Redihaler prescribing information. Frazer, PA: Teva Respiratory, LLC. May 2018.

Program	Step Therapy – Pulmicort Flexhaler
<b>Change Control</b>	
11/2016	New program.
11/2017	Annual Review. Updated references and state mandate language.
11/2018	Annual Review. Updated background section and references.