

MEDICAID POLICY CHANGE

IMMINENT PERIL JUSTIFICATION

September 25, 2019

ADVAIR:

POLICY CHANGE:

LDH is changing the preferred drug list to switch the diskus inhaled powder from preferred to non-preferred and adding the HFA inhaler to the preferred list instead.

JUSTIFICATION:

This product is used to control symptoms and prevent complications caused by asthma or chronic obstructive pulmonary disease. This change is necessary to make an easier delivery device available for recipients to aid with treatment. Without preferred status, recipients would be required to obtain prior authorization which could delay necessary treatment. This change is needed by 10/1/19 due to the coming seasonal change in weather, including influenza and allergy season, that can significantly exacerbate chronic lung diseases, and so this presents an imminent peril to public health.

EFFECTIVE DATE:

October 1, 2019

LA Medicaid Preferred Drug List (PDL)/Non-Preferred Drug List (NPDL)

15 October 1, 2019

Effective Date: **July**

AG – Authorized Generic		DR – Concurrent Prescriptions Must Be Written by Same Prescriber		PU – Prior Use of Other Medication is Required	
AL – Age Limits		DS – Maximum Days’ Supply Allowed		QL – Quantity Limits	
BH – Behavioral Health Clinical Authorization Required for Children Younger Than 6 Years Old		DT – Duration of Therapy Limit		RX – Specific Prescription Requirements	
BY – Diagnosis Codes Bypass Some Requirements		DX – Diagnosis Code Requirements		TD – Therapeutic Duplication	
CL – More Detailed Clinical Information Required for Authorization		MD – Maximum Dose Limits		UN – Drug Use Not Warranted (Needs Appropriate Diagnosis)	
CU – Concurrent Use with Opioids or Benzodiazepines is Restricted		PR – Enrollment in a Physician-Supervised Program Required		X – Prescriber Must Have ‘X’ DEA Number	
DD – Drug-Drug Interactions				YQ – Yearly Quantity Limits	
Descriptive Therapeutic Class	Drugs on PDL	POS Edits	Drugs on NPDL which Require Prior Authorization (PA)	POS Edits	
ASTHMA/COPD (9)	INHALATION		INHALATION		
Bronchodilator, Beta-Adrenergic Inhalation Agents	Albuterol Sulfate Nebulizer 0.63mg/3ml, 1.25mg/3ml, 2.5mg/3ml (Generic)		Albuterol Sulfate MDI (Ventolin HFA®)	YQ, BY, TD	
*Request Form *Criteria *Yearly Quantity Limits (YQ) *Diagnosis Codes That Bypass YQ (BY)	Albuterol Sulfate Nebulizer Solution 100mg/20ml (Generic)		Albuterol Sulfate Inhalation Powder (ProAir RespiClick®)	YQ, BY, TD	
	Albuterol Sulfate Nebulizer Solution 2.5 mg/0.5ml (Generic)		Arformoterol Inhalation Solution (Brovana®)		
	Albuterol Sulfate MDI (ProAir HFA®; Proventil HFA®)	YQ, BY, TD	Formoterol Inhalation Solution (Perforomist®)		
	Salmeterol Xinafoate (Serevent Diskus®)		Indacaterol Inhalation Powder (Arcapta Neohaler®)		
			Levalbuterol Nebulizer Solution; Solution Concentrate (Generic; Xopenex®)		
			Levalbuterol MDI (AG; Xopenex HFA®)	YQ, BY, TD	
			Olodaterol (Striverdi Respimat®)		
ASTHMA/COPD (9)	ORAL		ORAL		
Bronchodilator, Beta-Adrenergic Oral Agents	Albuterol Sulfate Syrup (Generic)		Albuterol Sulfate ER Tablet (Generic)		
	Terbutaline Sulfate Tablet (Generic)		Albuterol Sulfate Tablet (Generic)		
*Request Form *Criteria			Metaproterenol Sulfate Syrup; Tablet (Generic)		
ASTHMA/COPD (9)	Budesonide Respules 0.25mg; 0.5mg; 1mg (Generic)		Beclomethasone HFA; Breath-Actuated HFA (QVAR®, QVAR® RediHaler®)		
Glucocorticoids, Inhalation	Budesonide/Formoterol MDI (Symbicort®)		Budesonide DPI (Pulmicort Flexhaler®)		
*Request Form *Criteria	Fluticasone MDI (Flovent® HFA)		Budesonide Respules 0.25mg; 0.5mg; 1mg (Pulmicort Respules®)		
	Fluticasone/Salmeterol DPI (Advair Diskus®) MDI (Advair HFA®)		Ciclesonide MDI (Alvesco®)		
	Mometasone Inhalation Powder (Asmanex® Twisthaler®)		Fluticasone Furoate Inhalation Powder (Arnuity Ellipta®)		
	Mometasone/Formoterol MDI (Dulera®)		Fluticasone Propionate Inhalation Powder (ArmonAir RespiClick®)		
			Fluticasone Propionate Inhalation Powder (Flovent Diskus®)		
			Fluticasone/Salmeterol MDI (Advair HFA®) DPI (Advair Diskus®)		
			Fluticasone/Salmeterol Inhalation Powder (AG; Airduo RespiClick®)		
			Fluticasone/Vilanterol Inhalation Powder (Breo Ellipta®)		
			Fluticasone/Umeclidinium/Vilanterol Inhalation Powder (Trelegy Ellipta®)		
			Mometasone Furoate MDI (Asmanex HFA®)		