

CARE VALUE POLICY

- POLICY:** Pulmonary – Corticosteroid Inhalers Care Value Policy
- Alvesco[®] (ciclesonide inhalation aerosol – Covis)
 - ArmonAir[®] Digihaler[®] (fluticasone propionate inhalation powder – Teva Respiratory)
 - Arnuity Ellipta (fluticasone furoate inhalation powder – GlaxoSmithKline)
 - Asmanex[®] HFA (mometasone inhalation aerosol – Merck)
 - Asmanex[®] Twisthaler[®] (mometasone inhalation powder – Merck)
 - Flovent[®] Diskus[®] (fluticasone inhalation powder – GlaxoSmithKline)
 - Fluticasone propionate diskus (authorized generic to Flovent Diskus)
 - Flovent[®] HFA (fluticasone propionate inhalation aerosol – GlaxoSmithKline)
 - Fluticasone propionate inhalation aerosol (authorized generic to Flovent HFA)
 - Pulmicort Flexhaler[®] (budesonide inhalation powder – Astra Zeneca)
 - Qvar[®] RediHaler[®] (beclomethasone HFA inhalation aerosol – Teva Respiratory)

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OVERVIEW

All of the corticosteroid inhalers are indicated for the **maintenance treatment of asthma**.¹⁻⁹ Flovent (Diskus and HFA, and authorized generics), Qvar RediHaler, ArmonAir Digihaler, and Asmanex Twisthaler are approved for patients ≥ 4 years of age; Arnuity Ellipta, and Asmanex HFA are approved for patients ≥ 5 years of age; Pulmicort Flexhaler is approved for patients ≥ 6 years of age; Alvesco is approved for patients ≥ 12 years of age. None of the corticosteroid inhalers are indicated for the relief of acute bronchospasm.

Guidelines

The Global Initiative for Asthma Global Strategy for Asthma Management and Prevention (2023) refers to the inhaled corticosteroids as a class; one product is not preferred over any other.¹⁰ However, some devices may be more preferable for certain patients due to individual patient preferences and device characteristics.

Eosinophilic Esophagitis

Eosinophilic esophagitis is chronic allergic/immune condition of the esophagus.¹¹ Pharmacologic treatments for eosinophilic esophagitis include acid suppression with proton pump inhibitors to treat gastroesophageal reflux disease and topical glucocorticoids to decrease esophageal inflammation. No formulation of topical/inhaled glucocorticoids is FDA-approved for eosinophilic esophagitis. However, among the inhaled corticosteroids, fluticasone and budesonide have the most data to support their use in this condition. Fluticasone is administered using a metered dose inhaler (MDI) [e.g., Flovent HFA] without a spacer. The medication is sprayed into the patient's mouth and then swallowed. Ciclesonide and mometasone have also been studied for the treatment of eosinophilic esophagitis. However, additional studies are needed before these agents can be routinely recommended for this use. The American Gastroenterological Association and the Joint Task Force on Allergy-Immunology Practice Parameters have published guidelines for the management of eosinophilic esophagitis (2020).¹² In patients with symptomatic disease, use of a topical corticosteroid is recommended over no treatment.

POLICY STATEMENT

This program has been developed to encourage the use of a Step 1 Product prior to the use of a Step 2 Product. If the Preferred Step Therapy rule is not met for a Step 2 Product at the point of service, coverage will be determined by the Preferred Step Therapy criteria below. All approvals are provided for 1 year in duration.

Automation: A patient with a history of one Step 1 Product within the 130-day look-back period is excluded from Step Therapy.

Basic Formulary and National Preferred Formulary:

Step 1: Arnuity Ellipta, Asmanex HFA, Asmanex Twisthaler, Qvar RediHaler

Step 2: Alvesco, ArmonAir Digihaler, Flovent Diskus, fluticasone propionate diskus (authorized generic to Flovent Diskus), Flovent HFA, fluticasone propionate inhalation aerosol (authorized generic to Flovent HFA), Pulmicort Flexhaler

CRITERIA

1. If the patient has tried one Step 1 Product, approve a Step 2 Product.
2. If the patient is being treated for eosinophilic esophagitis, approve Flovent HFA or fluticasone propionate inhalation aerosol (authorized generic to Flovent HFA).
3. No other exceptions are recommended.

High Performance Formulary:

Step 1: Qvar RediHaler

Step 2: Alvesco, ArmonAir Digihaler, Arnuity Ellipta, Asmanex Twisthaler, Asmanex HFA, Flovent Diskus, fluticasone propionate diskus (authorized generic to Flovent Diskus), Flovent HFA, fluticasone propionate inhalation aerosol (authorized generic to Flovent HFA), Pulmicort Flexhaler

CRITERIA

1. If the patient has tried one Step 1 Product, approve a Step 2 Product.
2. If the patient is being treated for eosinophilic esophagitis, approve Flovent HFA or fluticasone propionate inhalation aerosol (authorized generic to Flovent HFA).
3. No other exceptions are recommended.

REFERENCES

1. Alvesco[®] inhalation aerosol [prescribing information]. Zug, Switzerland. Covis; February 2023.
2. Asmanex[®] HFA inhalation aerosol [prescribing information]. Whitehouse Station, NJ. Merck; August 2019.
3. Asmanex[®] Twisthaler[®] inhalation powder [prescribing information]. Whitehouse Station, NJ. Merck; February 2021.
4. Flovent[®] Diskus[®] inhalation powder [prescribing information]. Research Triangle Park, NC. GlaxoSmithKline; January 2019.
5. Flovent[®] HFA inhalation aerosol [prescribing information]. Research Triangle Park, NC. GlaxoSmithKline; August 2021.
6. Pulmicort Flexhaler[®] inhalation powder [prescribing information]. Wilmington, DE. Astra Zeneca; September 2019.
7. Arnuity Ellipta inhalation powder [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; March 2023.
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9. Qvar[®] RediHaler[®] inhalation aerosol [prescribing information]. Parsippany, NJ: Teva Respiratory; January 2021.
10. Global Initiative for Asthma. Global strategy for asthma management and prevention. Updated 2023. Available at: <http://www.ginasthma.org>. Accessed on September 19, 2023.
11. Bonis PAL, Gupta SK. Treatment of eosinophilic esophagitis. Version 73.0. ©2023 UpToDate, Inc. Last updated September 6, 2023. Available at: www.uptodate.com. Accessed on September 19, 2023.
12. Hirano I, Chan ES, Rank MA, et al. AGA Institute and Joint Task Force on Allergy-Immunology Practice Parameters Clinical Guidelines for the Management of Eosinophilic Esophagitis. *Gastroenterology*. 2020;158(6):1776-1786.