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Department: Pharmacy
Manual(s):

Procedure: Appropriate Medication Selection for Treatment and Management of Asthma

Reference Source (s):

National Heart, Lung, and Blood Institute National Education and Prevention Program Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma

Scope:

Advanced Health will utilize the National Heart, Lung, and Blood Institute National Education and Prevention Program Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma (EPR-3) for determining coverage of inhaled long acting beta agonist and corticosteroid combination therapy. Spirometry/Nitric Oxide testing and optimizing medication therapies appropriate for severity of asthma is important for promoting the highest quality care and achieving best possible patient outcomes. This coverage guidance includes inhaled long acting beta agonist/inhaled corticosteroid combinations (eg Advair©, Symbicort©, and Dulera©). Formulary short acting beta agonist *(albuterol*) and inhaled corticosteroids (QVAR©, Flovent©, Pulmicort©, etc) are available without a prior authorization and no copay on the Advanced Health formulary. Use of nebulized inhaled corticosteroid is reserved for pediatric patients that are unable to use a spacer device with face mask.

Related Forms:

Advanced Health Medication Prior Authorization Form

Advanced Health Formulary

Definitions:

EPR-3: National Education and Prevention Program Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma

ICS: Inhaled Corticosteroid

LABA/ICS: Long Acting Beta Agonist/Inhaled Corticosteroid

Clinical Practice Guidelines:

Full text access to the National Heart, Lung, and Blood Institute National Education and Prevention Program Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma is available at no charge at:

https://www.nhlbi.nih.gov/sites/default/files/media/docs/asthgdln_1.pdf

Approved by the Advanced Health Pharmacy and Therapeutics Committee on 10/23/2019.

Procedure:

1. Prior authorization request is received and pended into the prior authorization system for review by appropriate utilization review staff (Pharmacist or Physician).

2. Review that medication is being used for an FDA approved indication. (Anticholinergics such as *ipratroprium* and *aclidinium* are not FDA approved for use in asthma). Deny as not meeting criteria if diagnosis code and/or chart notes submitted with authorization request does not support use for an FDA approved indication.

3. Review that chart notes support an asthma diagnosis based on physical examination and spirometry/nitric oxide test results.

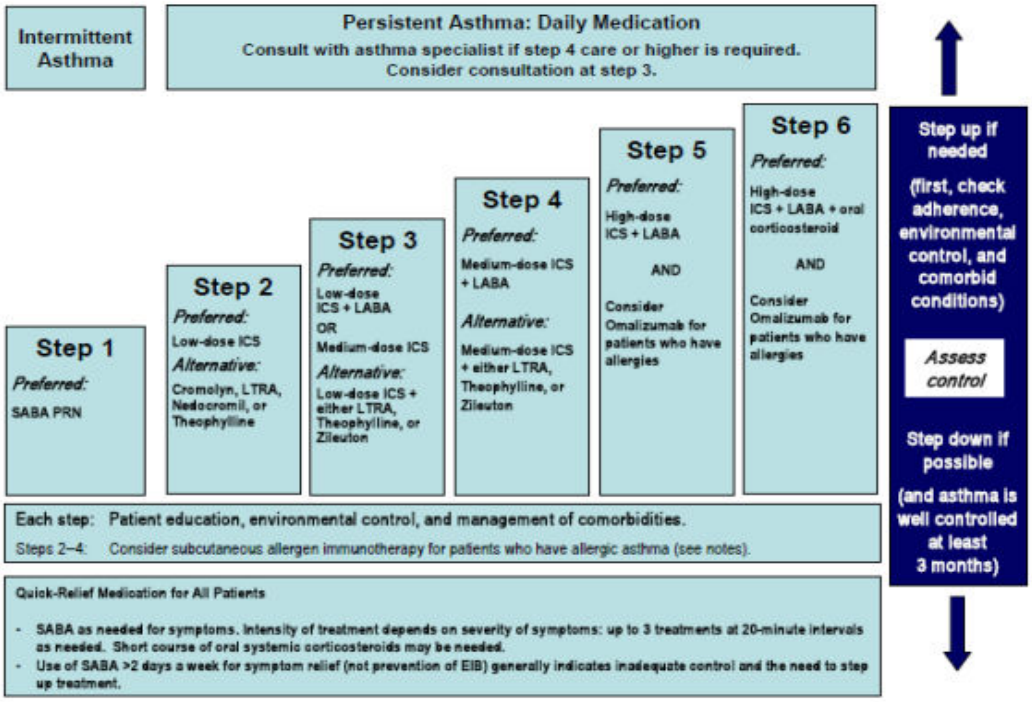
4. Review the prescription fill history for regular filling of an inhaled corticosteroid such as QVAR©, Flovent©, or Pulmicort© or if chart notes support moderate or severe persistent asthma.

5. If prescription fill history demonstrates inconsistent filling of ICS or intermittent or mild persistent asthma, deny prior authorization request as not meeting criteria and request step therapy with ICS be optimized before advancing to LABA/ICS.

Approved by the Advanced Health Pharmacy and Therapeutics Committee on 10/23/2019.

6. If patient continues to have uncontrolled asthma symptoms despite regular use of ICS or patient has moderate or severe persistent asthma, approve ICS/LABA for six months. Attempts to step down therapy to the lowest possible dose of medication is recommended by the EPR-3.

FIGURE 4–5. STEPWISE APPROACH FOR MANAGING ASTHMA IN YOUTHS ≥12 YEARS OF AGE AND ADULTS



— Key: **Alphabetical order is used when more than one treatment option is listed within either preferred or alternative therapy.** EIB, exercise-induced bronchospasm; ICS, inhaled corticosteroid; LABA, long-acting inhaled beta$_2$-agonist; LTRA, leukotriene receptor antagonist; SABA, inhaled short-acting beta$_2$-agonist

Notes:

- The stepwise approach is meant to assist, not replace, the clinical decisionmaking required to meet individual patient needs.
- If alternative treatment is used and response is inadequate, discontinue it and use the preferred treatment before stepping up.
- Zileuton is a less desirable alternative due to limited studies as adjunctive therapy and the need to monitor liver function. Theophylline requires monitoring of serum concentration levels.
- In step 6, before oral systemic corticosteroids are introduced, a trial of high-dose ICS + LABA + either LTRA, theophylline, or zileuton may be considered, although this approach has not been studied in clinical trials.
- Step 1, 2, and 3 preferred therapies are based on Evidence A; step 3 alternative therapy is based on Evidence A for LTRA, Evidence B for theophylline, and Evidence D for zileuton. Step 4 preferred therapy is based on Evidence B, and alternative therapy is based on Evidence B for LTRA and theophylline and Evidence D for zileuton. Step 5 preferred therapy is based on Evidence B. Step 6 preferred therapy is based on (EPR—2 1997) and Evidence B for omalizumab.
- Immunotherapy for steps 2–4 is based on Evidence B for house-dust mites, animal danders, and pollens; evidence is weak or lacking for molds and cockroaches. Evidence is strongest for immunotherapy with single allergens. The role of allergy in asthma is greater in children than in adults.
- Clinicians who administer immunotherapy or omalizumab should be prepared and equipped to identify and treat anaphylaxis that may occur.

Approved by the Advanced Health Pharmacy and Therapeutics Committee on 10/23/2019.