



INHALED STEROIDS PA SUMMARY

PREFERRED	Advair Diskus/HFA, Asmanex Twisthaler, Dulera, Flovent Diskus/HFA, Pulmicort Flexhaler, Pulmicort Respules, QVAR, Symbicort
NON-PREFERRED	Aerospan, Alvesco, Budesonide suspension for inhalation

NOTE: Asmanex Twisthaler 110 mcg/inh is a preferred product, but requires a PA for members 12 years of age or older.

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

Aerospan and Alvesco

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to at least two preferred products.

Asmanex Twisthaler 110 mcg/inh

- ❖ Does not require prior authorization for members less than age 12
- ❖ For members 12 years of age or older, submit a written letter of medical necessity stating the reason(s) that Asmanex Twisthaler 220 mcg/inh cannot be used.

Budesonide Suspension for Inhalation

- ❖ Member must require the use of a nebulizer to administer an inhaled corticosteroid

AND:

- ❖ Submit a written letter of medical necessity stating the reason(s) the preferred product, brand name Pulmicort Respules, is not appropriate for the member.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.