

Pulmicort Flexhaler
Effective 01/01/2024

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Exceptions	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029

Overview

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

Coverage Guidelines

Authorization may be reviewed for members new to the plan who are currently receiving treatment with the requested medication excluding when the product is obtained as samples or via manufacturer’s patient assistance programs.

OR

Authorization may be granted for members when ALL the following criteria are met, and documentation is provided:

1. Member is \geq 6 years of age
2. Member has a diagnosis of maintenance and prophylactic treatment of asthma
3. Member has had trial and failure, intolerance, or contraindication to BOTH:
 - a. Arnuity Ellipta
 - b. Qvar

Continuation of Therapy

Reauthorization may be granted for members who achieve or maintain positive clinical response as evidenced by low disease activity or improvement in signs and symptoms.

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months.

References

1. Pulmicort Flexhaler (budesonide) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; October 2019.

Review History

11/15/23 – Created Reviewed at Nov P&T. Effective 1/1/2024