

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 <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

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