



Changes Affecting Asthma Management & Asthma Medication Ratio (AMR)

Notice of Change: The State of California Department of Health Care Services Medi-Cal pharmacy benefit (Medi-Cal Rx) will take over PHC pharmacy formulary starting **April 1, 2021**. This means certain medications that PHC had as formulary will no longer be covered. The chart below highlights the changes that will affect the following medications used for the management of asthma; and note for some of these medications, the brand/trade name will now be preferred:

Medication	PHC Coverage	Medi-Cal Rx Coverage
Albuterol HFA (Ventolin HFA, ProAir HFA, Proventil HFA)	Yes	BRAND ONLY
Levalbuterol HFA (Xopenex HFA)	Yes	Not Covered
Montelukast (Singulair)	Yes	BRAND and select generics
Zafirlukast (Accolate)	Yes	Not Covered
Fluticasone (Arnuity Ellipta, Flovent Diskus, Flovent HFA)	Yes	Covered: Flovent Diskus, Flovent HFA
		Not Covered: Arnuity Ellipta
Ciclesonide (Alvesco)	Yes	Not Covered
Mometasone (Asmanex HFA, Asmanex Twisthaler)	Yes	Not Covered
Fluticasone/Salmeterol (Advair Diskus, AirDuo, Wixela Inhub)	Yes	BRAND ONLY: Advair Diskus. Advair HFA
		Not Covered: AirDuo, Wixela Inhub
Budesonide/Formoterol (Symbicort)	Yes	BRAND ONLY

No Changes (covered by both PHC and State of California Medi-Cal Rx):

Mometasone/Formoterol (Dulera)	Beclomethasone (QVAR Redihaler)	Budesonide (Pulmicort, Pulmicort Flexhaler)
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Note: Members established on medication therapy prior to April 1, 2021, should not be affected by this change. Greatest impact will be on those members obtaining a new prescription and considered as new start (i.e. drugs not previously dispensed under PHC pharmacy coverage).

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The most recent Global Initiative for Asthma (GINA) guidelines recommend that asthma should no longer be treated with short-acting bronchodilators (SABA, like albuterol) alone.

There is strong evidence that SABA-only treatment does not protect from severe exacerbations and may increase the risk of exacerbations with frequent use. Instead, all asthma patients should now receive either symptom-driven (in mild asthma) or daily inhaled corticosteroid (ICS)-containing controller treatment, to prevent exacerbations and decrease overreliance on SABA treatment.

New ICS controller options include:

- For mild asthma: Low-dose ICS-formoterol as needed
- Maintenance and reliever treatment with ICS-formoterol, with the reliever being low-dose budesonide-formoterol

ICS/formoterol combinations include **Symbicort** (Budesonide/Formoterol) and **Dulera** (Mometasone/Formoterol). Both are PHC and Medi-Cal formulary medications with a quantity limit of three (3) inhalers per 90 days.

GINA Asthma Medication Options		
Adults and Adolescents 12+	Step 1	Step 2
Preferred Controller	As needed low-dose ICS-formoterol (off-label)	Daily low dose ICS or as needed low-dose ICS-formoterol. Other controller options: Leukotriene receptor antagonist or low dose ICS taken whenever SABA is taken.
Preferred Reliever	As needed low-dose ICS-formoterol (off-label). Other reliever option: as needed SABA	As needed low-dose ICS-formoterol (off-label). Other reliever option: as needed SABA.

Prescribing Tips to Implement New Guidelines:

- Limit albuterol inhaler prescriptions to one unit with no additional refills.
- When requesting albuterol refill, consider contacting member to schedule a follow-up visit to assess symptom control and therapy. Note that each albuterol canister has 200 actuations/puffs.
- Prescribe a 90-day-supply of controller medications, and provide enough refills to last 1 year.
- Promote correct inhaler technique and asthma medication adherence to patients.