



MassHealth Pharmacy Program Asthma Initiative

1. Respiratory inhalant products that DO NOT require prior authorization (PA):

Inhaled Short-Acting Beta-2 Agonists

albuterol (generic)
metaproterenol (generic)
inhalation solution

Inhaled Combination Products

Advair (fluticasone/salmeterol)
DuoNeb (albuterol/ipratropium)
Combivent (albuterol/ipratropium)

Inhaled Long-Acting Beta-2 Agonists

Foradil (formoterol)
Serevent (salmeterol)

Miscellaneous Inhaled Products

Atrovent #(ipratropium)
Intal # (cromolyn)
Tilade (nedocromil)

Inhaled Corticosteroids

AeroBid (flunisolide)
Azmacort (triamcinolone)
Flovent (fluticasone)
Qvar (beclomethasone)
Pulmicort (budesonide)
Vanceril (beclomethasone)

2. Respiratory inhalant products that DO require PA effective June 2, 2003:

Inhaled Beta-2 Agonists

Alupent (metaproterenol) inhaler
Maxair (pirbuterol)
Proventil (albuterol)
Proventil HFA (albuterol)
Ventolin (albuterol)
Ventolin HFA (albuterol)
Xopenex (levalbuterol)

Inhaled Corticosteroids

AeroBid-M (flunisolide)

3. Use of more than one canister per month of a short-acting beta-2 agonist may indicate inadequate control of asthma and the need for initiating or intensifying anti-inflammatory therapy.
4. The following oral asthma medications require PA (and the prescriber is required to submit a paper PA form) if, over the last six months, the member has not filled a prescription for an inhaled short- or long-acting beta-2 agonist or corticosteroid effective June 2, 2003. *

Accolate (zafirlukast) PA > 16 years
Singulair (montelukast) PA > 16 years
Zyflo (zileuton) PA > 16 years

This is a brand-name drug with FDA "A" rated-generic equivalents. PA is required for the brand, unless a particular form of that drug does not have an FDA "A" rated generic equivalent.

*Note: The decision on whether PA is required is based upon information available in the MassHealth pharmacy database. The MassHealth database contains member drug utilization information exclusive to MassHealth, and no other health plans.