CPESN MISSOURI

Clinically Integrated Missouri Pharmacies

https://www.cpesnmo.com/

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CPESN | HealthEquity

CPESN Missouri Pharmacies Specializing in SDoH / CHWs

https://cpesn.com/health-equity

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All Pharmacies are NOT the Same

Common Perception

Rx Dispensing Only

Reality

Rx Dispensing + LOCAL Services

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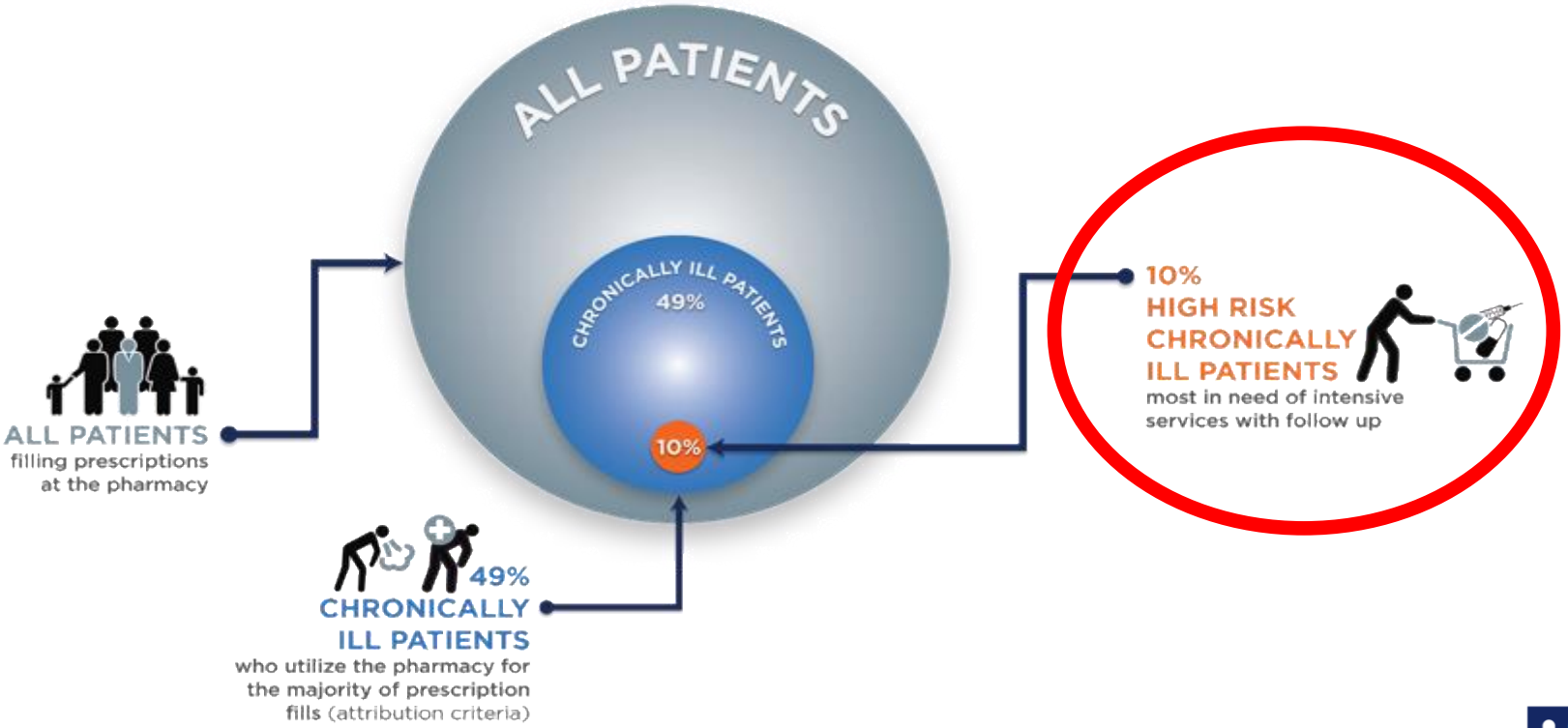
Patient Care Strategy



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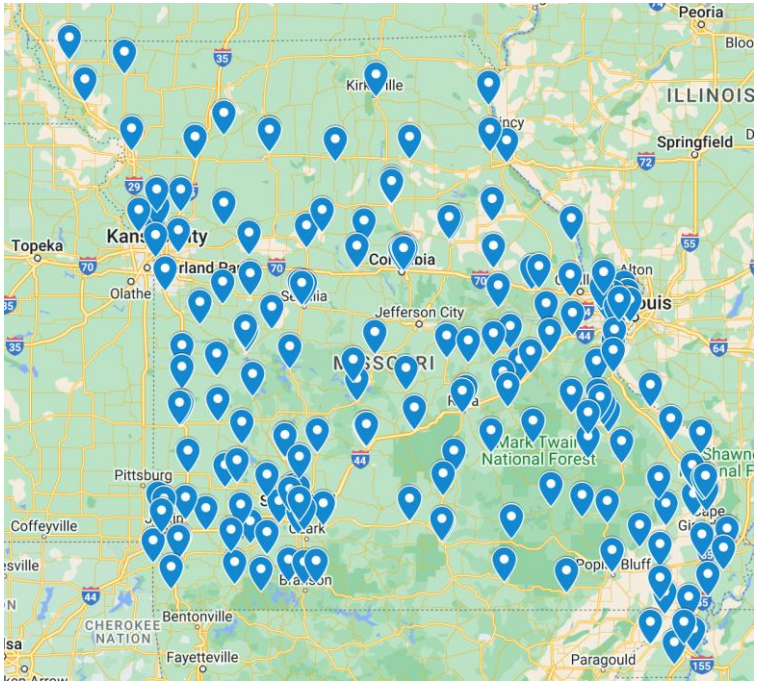
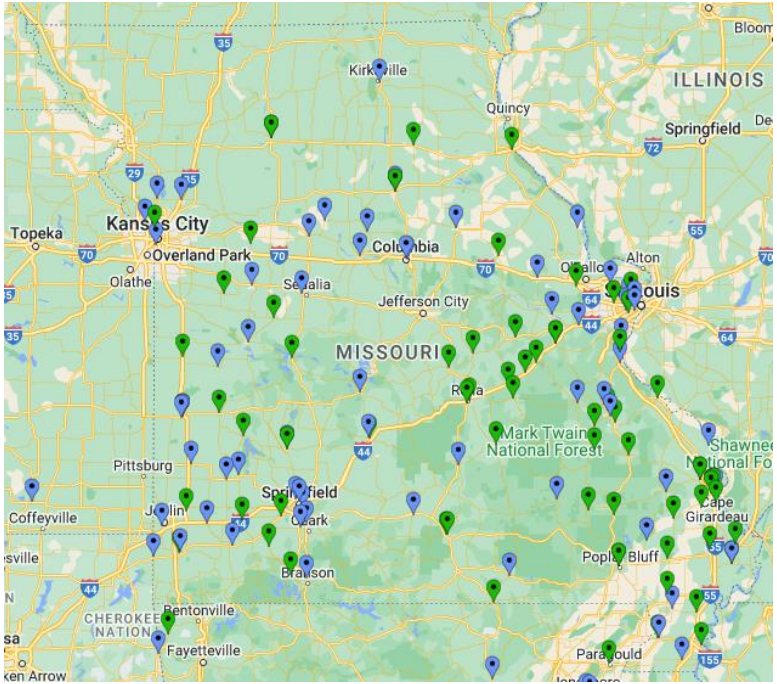


CPESN | HealthEquity

CPESN Missouri Pharmacies with CHWs/SDoH Specialists



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MO HealthNet Pharmacy Program Preferred Drug List

https://mydss.mo.gov/mhd/pharmacy-clinical-edits-pdl

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Appendix A – Inhaler Spacers covered by MO HealthNet

Device	NDC
ACE AEROSOL CLOUD ENHANCER	49502020301
AEROCHAMBER PLUS FLOW-VU SMALL	00456074413
AEROCHAMBER PLUS FLOW-VU MED	00456074513 04351050412
AEROCHAMBER PLUS FLOW-VU LARGE	00456074613
AEROCHAMBER PLUS FLOW-VU	00456315467
BREATHERITE MDI SPACER	11391030200
COMPACT SPACE CHAMBER	42135010000
EASIVENT HOLDING CHAMBER	49502020701
EASIVENT HOLDING CHAMBER	49502020725
MICROCHAMBER	47360017202
MICROSPACER	47360017201
OPTICHAMBER DIAMOND	08373747800
OPTICHAMBER DIAMOND SMALL	08373982300
OPTICHAMBER DIAMOND MEDIUM	08373982600
OPTICHAMBER DIAMOND LARGE	08373982700
PROCHAMBER HOLDING CHAMBER	08373917700

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Program-Specific Information:	Preferred Agents	Non-Preferred Agents
	• Advair Diskus® • Arnuity® Ellipta® • Asmanex® Twisthaler • Budesonide Respules • Dulera® 100 mcg/5 mcg, 200 mcg/5 mcg • Flovent HFA® • Fluticasone Propionate HFA • Symbicort®	• Advair HFA® • AirDuo® Digihaler® • AirDuo® RespiClick® • **Airsupra®** • Alvesco® • ArmonAir® Digihaler® • Asmanex® HFA* • Breo® Ellipta® • Breyna™ • Budesonide/Formoterol (gen Symbicort®) • Dulera® 50 mcg/5 mcg* • Flovent Diskus® • **Fluticasone Propionate Diskus** • Fluticasone/Salmeterol (gen Advair Diskus®/HFA®, AirDuo®) • Fluticasone/Vilanterol (gen Breo® Ellipta®) • Pulmicort® Flexhaler

SmartPA PDL Proposal Form

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Prescribing SMART to Patients

SMART guidelines are aligned with those of the **Global Initiative for Asthma** and their preference is to use a low dose inhaled ICS-formoterol inhaler as a rescuer and daily controller treatment for asthma management. This regimen reduces the risk of severe exacerbations compared with using a SABA as the rescuer. To make it easier to prescribe SMART for their patients, MO HealthNet has the following preferred products available without a prior authorization for both maintenance and rescue use:

DRUG	STRENGTH	PDL STATUS
Dulera (mometasone/formoterol)	100mcg/5mcg 200mcg/5mcg	Preferred - Open Access
Symbicort (budesonide/formoterol)	80-4.5mcg 160-4.5mcg	Preferred - Open Access

Our Goal for Asthma Patients

In Missouri, 69.6% Medicaid adults and 64.8% Medicaid children were dispensed the appropriate asthma controller medications. While this percentage is encouraging, MO HealthNet aims to increase this measure. In fiscal year 2021, MO HealthNet paid for 333,252 inhalers for 85,692 participants with almost 2,000 participants experiencing an asthma exacerbation related ED visit or inpatient stay. While albuterol inhalers will continue to be available, MO HealthNet hopes as SMART is implemented more widely, albuterol inhaler prescriptions will decrease as Dulera and Symbicort prescriptions increase and that we will see a decrease in asthma-related ED visits and hospitalizations.

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Preferred Agents	Non-Preferred Agents
• Ventolin® HFA	• Albuterol HFA (gen ProAir® HFA) • Albuterol HFA (gen Proventil® HFA) • Albuterol HFA (gen Ventolin® HFA) • Levalbuterol HFA • ProAir® Digihaler® • ProAir® RespiClick® • Proventil® HFA • Xopenex HFA®

Denial Criteria

- Therapy will deny with presence of one of the following:
  - Any approval criteria are not met; **OR**
  - Cumulative quantity exceeds the following for participants aged ≥ 18 years (excluding diagnosis of cystic fibrosis):
    - 3 inhalers per 180 days; **OR**
    - 3 inhalers per 90 days with documentation of all of the following:
      - Diagnosis of chronic obstructive pulmonary disease (COPD); **AND**
      - Documentation of concurrent utilization of COPD maintenance inhaler therapy (at least 2 claims for LAMA, LABA, and/or ICS in the past 60 days). ICS therapy alone is not sufficient for COPD maintenance inhaler therapy.

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