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PHARMACY POLICY – 5.01.660

Inhaled Corticosteroids

Effective Date:	Nov. 1, 2026	RELATED MEDICAL POLICIES:
Last Revised:	Oct. 12, 2026	N/A
Replaces:	N/A	

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Introduction

Inhaled corticosteroids are a type of medication that helps reduce inflammation in the airways, making it easier to breathe. They are commonly used to treat respiratory conditions like asthma where the airways become swollen and narrowed, leading to symptoms like wheezing, shortness of breath, cough, and chest tightness. The inhaler delivers the medication directly to the lungs to help control symptoms and prevent flare-ups without causing as many side effects as oral steroids and are an important part of long-term treatment plans for people with asthma. This policy describes when inhaled corticosteroids may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Drug	Medical Necessity
• **Alvesco (ciclesonide)**	**Alvesco (ciclesonide), Asmanex HFA (mometasone), Asmanex Twisthaler (mometasone), and Pulmicort Flexhaler**

Drug	Medical Necessity
• **Asmanex HFA (mometasone)** • **Asmanex Twisthaler (mometasone)** • **Pulmicort Flexhaler (budesonide)**	**(budesonide) may be considered medically necessary for the treatment of asthma when:** • The individual has had an inadequate response or intolerance to 2 of the following: ○ Arnuity Ellipta (fluticasone furoate)/Fluticasone Furoate Ellipta ○ Fluticasone Propionate HFA ○ QVAR Redihaler (beclomethasone) **OR** • Is pregnant and is already being treated with the medication

Drug	Investigational
As listed	**Use of the drugs for conditions not listed in this policy are considered investigational.** **The medications listed in this policy are subject to the product's US Food and Drug Administration (FDA) dosage and administration prescribing information unless noted otherwise for the medication under the medical necessity criteria.**

Length of Approval	
Approval	**Criteria**
Initial authorization	**All drugs listed in this policy may be approved up to 12 months.**
Re-authorization criteria	**All drugs listed in this policy may be approved up to 12 months when the drug-specific coverage criteria are met and there is evidence the individual continues to show a positive clinical response to therapy.**

Documentation Requirements
The individual's medical records submitted for review for all conditions should document that medical necessity criteria are met. The record should include the following: • Office visit notes that contain the diagnosis, relevant history, physical evaluation and medication history

Coding

N/A

Related Information

Benefit Application

The drugs in this policy are inhaled medications and managed through the pharmacy benefit.

Evidence Review

Background

Asthma is a chronic inflammatory respiratory disease occurring in all age groups and genders that is characterized by airway hyperresponsiveness and inflammation. It is considered a very heterogeneous disease with several different phenotypes including allergic (eosinophilic), non-allergic, and late onset asthma. Typical symptoms include wheezing, shortness of breath, cough, and chest tightness. Patients may experience exacerbations of disease that require stepped up therapy and even hospitalization. Increased activity of eosinophils, mast cells, TH2 lymphocytes, as well as a myriad of inflammatory cytokines and other mediators all contribute to the pathophysiology of asthma. Airway tissue remodeling may be present in lung epithelium, sub-epithelium, and smooth muscle.

Asthma is a high-cost disease in terms of both human suffering and dollars in the US Approximately 26 million Americans have asthma, with a higher prevalence in women and those of mixed race and African Americans. Direct costs are around $56 billion annually due in part to 8.9 million office visits, 1.9 million emergency department visits, and nearly half a million hospitalizations annually. In addition, asthma sufferers miss 24.7 million days per year of school or work. The cost of care increases with severity of disease due to higher levels healthcare utilization, especially emergency and inpatient care, and prescription medications.

Summary of Evidence

Evidence of efficacy for this class is drawn from expert's systematic reviews published as recently as May 2024, as part of the GINA 2024 report on asthma. There has been agreement among nationally and internationally recognized groups conducting literature reviews, such as GINA, that inhaled corticosteroids (ICSs) are clinically comparable when differences in potency are accounted for in dosing.

Inhaled corticosteroids are generally well tolerated. Adverse effects (AEs) are typically local in nature, such as dysphonia, oropharyngeal candidiasis, cough, throat irritation, and reflex bronchospasm. These AEs can be minimized with the use of proper inhaler techniques and mouth rinsing after dosing.

High dose ICS therapy is associated with an increased risk of systemic adverse events, such as HPA-axis suppression, osteoporosis, skin thinning, bruising, cataracts, glaucoma, and growth retardation in children and adolescents. However, this risk can be mitigated by proper inhaler technique, including aerosol spacer use, and rinsing the mouth immediately after use. Although there are slight differences in side effect profiles, no ICS is clearly safer than others.

Aerosol devices are often preferred for use in children, as they may not have sufficient inspiratory flow needed to use dry powder inhalers. Most ICS hand-held devices are labeled for use in children as young as 4 to 6 years old; however, Alvesco (ciclesonide) is only approved for use in patients at least 12 years of age.

Table 1. Comparison of Inhaled Corticosteroids.

Product	Indication	Recommend Dose Frequency
Alvesco (ciclesonide)	Asthma; aged 12 years and older	Twice daily
Arnuity Ellipta (fluticasone furoate)	Asthma; aged 5 years and older	Once daily
Asmanex HFA (mometasone)	Asthma; aged 5 years and older	Twice daily
Asmanex Twisthaler (mometasone)	Asthma; aged 4 years and older	Once daily in the evening or twice daily
Fluticasone Propionate HFA	Asthma; aged 4 years and older	Twice daily
Fluticasone Propionate Diskus	Asthma; aged 4 years and older	Twice daily
Pulmicort Flexhaler (budesonide)	Asthma; aged 6 years and older	Twice daily
QVAR Redihaler (beclomethasone)	Asthma; aged 4 years and older	Twice daily

References

1. Crompton G, A brief history of inhaled asthma therapy over the last fifty years. Primary Care Respiratory Journal (2006) 15, 326-31.
2. Global Initiative for Asthma; Global Strategy for Asthma Management and Prevention (2024 update). Available at: **www.ginasthma.org**. Accessed December September 18, 2026.
3. Chung KF, Wenzel SE, Brozek JL, et al. International ERS/ATS guidelines on definition, evaluation and treatment of severe asthma. Eur Respir J 2014;43:343-73.
4. Kelly, HW. Comparison of inhaled corticosteroids: an update. Ann Pharmacother 2009;43:519-27.
5. Alvesco (ciclesonide). Prescribing information. Covis Pharma US, Inc. Revised February 2025.
6. Arnuity Ellipta (fluticasone furoate). Prescribing information. GlaxoSmithKline. Duram, NC. Revised October 2023.
7. Asmanex HFA (mometasone). Prescribing information. Organon LLC. Jersey City, NJ. Revised June 2025.
8. Asmanex Twisthaler (mometasone). Prescribing information. Organon LLC. Jersey City, NJ. Revised June 2021.
9. Fluticasone Propionate HFA. Prescribing information. Prasco Laboratories. Mason, OH. Revised September 2023.
10. Fluticasone Propionate Diskus. Prescribing information. Prasco Laboratories. Mason, OH. Revised May 2023.
11. Pulmicort Flexhaler (budesonide). Prescribing information. AstraZeneca Pharmaceuticals. Montgomery, AL. Revised September 2023.
12. QVAR Redihaler (beclomethasone). Prescribing information. Teva Respiratory, LLC. Parsippany, NJ. Revised September 2025.

History

Date	Comments
01/01/26	New policy, approved December 9, 2025. Add to Prescription Drug section. Moved coverage criteria for inhaled corticosteroids from policy 5.01.605 Medical Necessity Criteria for Pharmacy Edits to policy 5.01.660 Inhaled Corticosteroids. Updated coverage criteria to include Fluticasone Ellipta as a qualifying product and removed Fluticasone Propionate Diskus as a qualifying product.
04/01/26	Interim Review, approved March 9, 2026. Added quantity limits to the policy for Alvesco (ciclesonide), Arnuity Ellipta (fluticasone furoate), Asmanex HFA (mometasone), Asmanex Twisthaler (mometasone), budesonide inhalation suspension, Fluticasone Furoate Ellipta, Fluticasone Propionate Diskus, Fluticasone Propionate HFA, Pulmicort Flexhaler (budesonide), and Pulmicort Respules (budesonide inhalation suspension).

Date	Comments
11/01/26	Annual Review, approved October 12, 2026. Removed reference to non-formulary exception reviews. Removed reference to quantity limits as quantity limits are addressed in policy 5.01.656 Drug Quantity Management.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2026 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.