Cigna National Preferred Formulary Coverage Policy

Effective Date ........................................ 1/1/2021
Next Review Date ...................................... 1/1/2022
Coverage Policy Number .............................. NPF206

Drug Quantity Management – Per Rx
Budesonide for inhalation (Pulmicort Respules®) Dispensing Limit

Table of Contents

NPF Coverage Policy ......................... 1
References ............................................. 2
Last Revision Details ......................... 2

Related Coverage Resources

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer’s particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer’s benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer’s benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

NPF Coverage Policy

Pulmicort Respules 0.25, 0.5 mg for inhalation (generic) Maximum Quantity per RX = 60 Respules
Pulmicort Respules 1 mg for inhalation (generic) Maximum Quantity per RX = 30 Respules

Pulmicort is available as 0.25 mg, 0.5 mg, and 1 mg Respules. Pulmicort Respules is indicated for the maintenance treatment of asthma and as prophylactic therapy in children 12 months to 8 years of age. The recommended starting dose of Pulmicort Respules ranges from 0.5 mg daily (administered as either 0.25 mg twice daily or 0.5 mg once daily) up to 1 mg daily (administered either as 0.5 mg twice daily or 1 mg once daily) depending upon prior asthma therapies (e.g., bronchodilators, inhaled corticosteroids, oral corticosteroids). In symptomatic children not responding to non-steroidal therapy, a starting dose of 0.25 mg once daily may be considered. The maximum recommended daily dose is 1 mg. Hence, 60 of the 0.25 mg or 0.5 mg Respules
would supply enough medication for a one month (30 day) supply at recommended dosing intervals of once or
twice daily. Thirty of the 1 mg Respules would supply enough drug for a one month (30 day) supply at maximum
recommended dosing.

Criteria

Cigna covers quantities as medically necessary when the following criteria are met:
All approvals are provided for 3 years in duration unless otherwise noted below.

Pulmicort Respules 0.25, 0.5 mg for inhalation (generic)
1. No overrides recommended.

Pulmicort Respules 1 mg for inhalation (generic)
1. For individuals with esophageal eosinophilia/eosinophilic esophagitis (EoE), a quantity override may be
issued to allow up to 60 Respules per dispensing. Budesonide has been proven to be an effective therapy
in randomized trials. Doses of up to 2 mg daily, typically in divided doses of 1 mg twice daily, have been
used.2, 3

Conditions Not Covered

Any other exception is considered not medically necessary.

References

Diagnosis and Management of Eosphageal Eosinophilia and Eosinophilic Esophagitis (EoE). Am J

Last Revision Details

| Annual Revision | Reviewed by Clinical Specialists | 09/12/2019 |

“Cigna Companies” refers to operating subsidiaries of Cigna Corporation. All products and services are provided exclusively by or through
such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna
Behavioral Health, Inc., Cigna Health Management, Inc., QualCare, Inc., and HMO or service company subsidiaries of Cigna Health
Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. © 2021 Cigna.