



Single Maintenance and Reliever Therapy (SMART) Implementation in State Medicaid Programs

Introduction

Recently recommended in the National Asthma Education and Prevention Program guidelines, single maintenance and reliever therapy (SMART) is a treatment option that can assist individuals with moderate to severe persistent asthma achieve and improve control of the condition. This issue brief provides an overview of SMART, examines coverage through Medicaid programs and barriers to access, and highlights the work of several state Medicaid programs on this new treatment option.

What is SMART?

SMART is an approach in which a single inhaler containing both a corticosteroid (daily long-term controller medicine) and a long-acting beta²-agonist (quick-relief medicine) is used in both daily maintenance and as-need relief of asthma symptoms. The metered dose inhaler (MDI) used in SMART is a combination therapy that contains either budesonide or mometasone furoate, the inhaled corticosteroids (ICS) and formoterol, a long-acting beta²-agonist (LABA). Formoterol, in this application, is used to relieve bronchoconstriction, or the tightening of the muscles that surround the airways, while the ICS is used to prevent or control the inflammation in the airways.^{1,2,3} By having only one MDI, SMART simplifies the process of asthma management and makes it easier for patients to follow and keep track of their medicines. This can reduce patient medication confusion and improve adherence.

SMART was included in the most recent 2020 updates to the National Asthma Education Program (NAEPP) Asthma Management Guidelines and is recommended as preferred treatment to individuals with moderate to severe persistent asthma already taking low or medium dose ICS, ages four years and older. It has been proven effective in reducing use of systemic corticosteroids, unscheduled medical or emergency department visits and hospitalizations, while improving asthma control and quality of life. Currently, there are two medications available that use the combination of ICS and formoterol: budesonide/formoterol (Symbicort[®]) and mometasone furoate/formoterol (Dulera[®]).

Barriers to SMART

Some health insurance plans have barriers that can make it difficult for patients to access SMART medications such as prior authorization, quantity limits, age limits, step therapy, and cost sharing. These barriers do not only limit the total amount of medication each patient has access to but can create financial and administrative burdens making it difficult for patients to receive and maintain SMART medications. The NAEPP guidelines recognized cost as a barrier for many patients but highlighted the potential improvements to control and quality of life from SMART.³

The American Lung Association's Asthma Guidelines-Based Care Coverage Project tracks coverage and related barriers to asthma care in state Medicaid programs, including the medications used in SMART. As of April 2023, 45 states covered both SMART medications in all Medicaid plans (fee-for-service and managed care if applicable).

Financial Barriers

One barrier potentially keeping asthma patients from using SMART is the cost. Although Medicaid programs are limited by federal law on how much they can charge for copays, many states still have them in place for a number of different medications and services. There are currently 35 states with a copay to access SMART medications in some or all Medicaid plans. Research has shown that copays as low as \$1 to \$5 are associated with reduced use of care, including necessary services, and that increasing cost-sharing can lead to reduced treatment for children with asthma.





Quantity Limits

Another potential barrier patients face is quantity limits, limits on the amount of medication they can be prescribed per month. SMART may require patients to use more medication than a typical 30-day supply when it is used for both maintenance and quick-relief. Children using SMART may require up to two inhalers per month while adults using SMART may require up to three inhalers per month. Many states have quantity limits that make accessing these medications difficult. As of April 2023, 33 states have quantity limits in their Medicaid programs that are more restrictive than three inhalers per month for budesonide or mometasone plus formoterol combination medicines and 7 states had data not available. The NAEPP guidelines highlighted the benefits of a single MDI and the importance of not restricting the number of MDIs prescribed to one.³

Number of State Medicaid programs with Barriers to SMART Medications (April 2023)

Medication	Covered	Copayments	Prior Authorization	Step Therapy	Age Limits	Quantity Limits
Budesonide/formoterol	51 (6 vary by plan)	35	20	18	2	32
Mometasone/formoterol	51 (6 vary by plan)	35	16	12	4	37

*State is listed as having a barrier if it appears in any Medicaid plan (fee-for-service or managed care) in the state.

What are state Medicaid programs doing to cover SMART?

Medicaid is funded jointly by federal and state governments which means states have some flexibility in coverage and barriers put in place for certain treatments. A few states have already made changes to their system to ensure there are not quantity limits that would restrict access to SMART. While other states are interested in working on SMART implementation, much more work needs to be done to promote access to this relatively new treatment option.



Missouri

Missouri found that many providers and patients do not know there are alternative options aside from albuterol MDIs, like SMART, that might work better for their needs. MO HealthNet, Missouri's Medicaid program, decided to address the overuse of albuterol with the promotion of SMART simultaneously. MO HealthNet decided to limit albuterol MDI prescriptions for adults to three MDIs over six months and remove the one MDI per month limit on budesonide/formoterol and mometasone/formoterol. [Education and promotion](#) of this new policy for prescribers and pharmacists began in Spring 2022 and the albuterol MDI limits went into effect in August of that year.

While the results of this new policy will take months to analyze, the state is monitoring in real time the prescription data and plans to analyze information on emergency room and hospital visits as well. While this policy focuses on Medicaid, the state is hopeful that improved patient and provider awareness in Medicaid will create a spillover effect that can improve implementation of SMART in private health insurance plans as well.

Conclusion

SMART is an evidence-based approach to asthma management. Many providers, state Medicaid programs, and other stakeholders have yet to fully implement SMART. Additionally, the barriers presented create challenges for Medicaid beneficiaries specifically to have access to SMART medications. It is important to recognize the potential benefits SMART can provide for individuals with moderate to severe persistent asthma and address barriers to care that ensure all patients receive guidelines-based care and achieve improved or optimal chronic lung disease management and health.

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¹McGee, K. R. (2021, June 2). What is single maintenance and reliever therapy (SMART)? GoodRx. Retrieved March 20, 2023, from <https://www.goodrx.com/conditions/asthma/what-is-single-maintenance-reliever-therapy-for-asthma>

²Reddel, H. K., Bateman, E. D., Schatz, M., Krishnan, J. A., & Cloutier, M. M. (2021). A practical guide to implementing SMART in asthma management. *The Journal of Allergy and Clinical Immunology: In Practice*, 10(1). <https://doi.org/10.1016/j.jaip.2021.10.011>

³2020 focused updates to the Asthma Management Guidelines: A report from the National Asthma Education and Prevention Program Coordinating Committee Expert Panel Working Group. *Journal of Allergy and Clinical Immunology*, 146(6), 1217–1270. <https://doi.org/10.1016/j.jaci.2020.10.003>

⁴Rabe, K. F., Atienza, T., Magyar, P., Larsson, P., Jorup, C., & Lalloo, U. G. (2006). Effect of budesonide in combination with formoterol for reliever therapy in asthma exacerbations: a randomised controlled, double-blind study. *The Lancet*, 368(9537), 74

⁵Samantha Artiga, Petry Ubri, and Julia Zur, “The Effects of Premiums and Cost Sharing on Low-Income Populations: Updated Review of Research Findings,” Kaiser Family Foundation, June 2017. Available at: <https://www.kff.org/medicaid/issue-brief/the-effects-of-premiums-and-cost-sharing-on-low-income-populations-updated-review-of-research-findings/>

⁶SMART Therapy. Missouri Department of Social Services. (n.d.). Retrieved January 20, 2023, from <https://dss.mo.gov/mhd/cs/pharmacy/pdf/asthma-smart-flyer.pdf>