



## Commercial/Healthcare Exchange PA Criteria

*Effective: November 2018*

**Prior Authorization:** Steroid - Beta Agonist Combo Inhalers

**Products Affected:** AirDuo RespiClick (fluticasone and salmeterol) inhalation; AirDuo Digihaler (fluticasone and salmeterol) inhalation; Fluticasone/Salmeterol HFA inhalation

**Medication Description:** Fluticasone/salmeterol is a combination of an inhaled corticosteroid (ICS), fluticasone, and a long-acting beta-agonist (LABA), salmeterol. The combination is used for maintenance therapy of asthma.

**Covered Uses:** Asthma

**Exclusion Criteria:** Status asthmaticus or other acute episodes of asthma

**Required Medical Information:**

1. Diagnosis
2. Previous medications tried and failed

**Age Restrictions:** 12 years of age and older

**Prescriber Restrictions:** N/A

**Coverage Duration:** 12 months

**Other Criteria:**

1. Patient has a diagnosis of Asthma; AND
2. Patient has had a documented trial and failure of at least TWO of the following medications:
  - A. Advair HFA
  - B. Breo Ellipta
  - C. Dulera
  - D. Symbicort

**References:**

1. Product Information: AIRDUO(R) DIGIHALER(TM) inhalation powder, fluticasone propionate salmeterol inhalation powder. Teva Respiratory, LLC (per manufacturer), Frazer, PA, 2019.

Last Res. September 2020

**Policy Revision history**

<b>Rev #</b>	<b>Type of Change</b>	<b>Summary of Change</b>	<b>Sections Affected</b>	<b>Date</b>
1	New Policy	New Policy	All	11/2018
2	Update	Removed affected products from existing CCI policies; Adopted EH template; specified criteria;	All	1/13/2020
3	Update	Added AirDuo Digihaler	Products Affected	9/17/2020