

Division: Pharmacy Services	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	June 12, 2012 January 22, 2018, July 9, 2021

LONG-ACTING BETA AGONISTS

PREFERRED MEDICATION	NON-PREFERRED MEDICATIONS
Serevent Diskus® (salmeterol xinafoate)	Brovana® (arformoterol) Perforomist® (formoterol fumarate)

LENGTH OF AUTHORIZATION: Up to one year

Long-acting beta agonists (LABAs) are approved to treat both people with asthma **and** chronic obstructive pulmonary disease (COPD).

REVIEW CRITERIA:

1. Patient must be ≥18 years of age for Brovana® and Perforomist®.
2. Must have a documented diagnosis (in medical records or diagnoses codes) of asthma or chronic obstructive pulmonary disease (eg., chronic bronchitis, emphysema).
 - For Asthma – all criteria requirements must be met.
 - For COPD - #1 and #2 must be met only.
3. Patients with diagnosis of asthma (not COPD) must currently be on at least one other asthma controller medication (in medical records or claims history):
 - Inhaled corticosteroids
 - Extended-release theophylline
 - Mast-cell stabilizers
 - Leukotriene modifiers