

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

mometasone/formoterol (Dulera)

Notes:

^ An adequate trial is generally considered at least 30 days of use

* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria: Non-formulary **mometasone/formoterol (Dulera)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has documented contraindication, intolerance*, or treatment failure to an adequate^ trial of fluticasone propionate/salmeterol inhalation powder (Wixela Inhub, Advair Diskus, or generics) and fluticasone propionate/salmeterol inhalation aerosol (Advair HFA).
- OR-**
- Patient has a diagnosis of asthma and both of the following:
 - Mometasone/formoterol (Dulera) is being used as a Single Maintenance and Reliever Therapy (i.e., scheduled doses and as needed for sudden symptoms)
 - Patient has documented contraindication, intolerance*, or treatment failure to budesonide/formoterol (Symbicort) used as a Single Maintenance and Reliever Therapy

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary **mometasone/formoterol (Dulera)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has documented contraindication, intolerance*, or treatment failure to an adequate^ trial of fluticasone propionate/salmeterol inhalation powder (Wixela Inhub, Advair Diskus, or generics) and fluticasone propionate/salmeterol inhalation aerosol (Advair HFA).
- OR-**
- Patient has a diagnosis of asthma and both of the following:
 - Mometasone/formoterol (Dulera) is being used as a Single Maintenance and Reliever Therapy (i.e., scheduled doses and as needed for sudden symptoms)
 - Patient has documented contraindication, intolerance*, or treatment failure to budesonide/formoterol (Symbicort) used as a Single Maintenance and Reliever Therapy

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All plans offered and underwritten by
Kaiser Foundation Health Plan of the Northwest

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Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary mometasone/formoterol (Dulera) will be covered on the prescription drug benefit when the following criteria are met:

- Patient has documented contraindication, intolerance*, or treatment failure to an adequate^ trial of fluticasone propionate/salmeterol inhalation powder (Wixela Inhub, Advair Diskus, or generics) and fluticasone propionate/salmeterol inhalation aerosol (Advair HFA).
-OR-
- Patient has a diagnosis of asthma and both of the following:
 - Mometasone/formoterol (Dulera) is being used as a Single Maintenance and Reliever Therapy (i.e., scheduled doses and as needed for sudden symptoms)
 - Patient has documented contraindication, intolerance*, or treatment failure to budesonide/formoterol (Symbicort) used as a Single Maintenance and Reliever Therapy

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