

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### Fluticasone Propionate-Salmeterol (AirDuo Digihaler)

**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 and criteria for *new members* entering Kaiser**

**Permanente already taking the medication who have not been reviewed previously:**

Non-formulary **fluticasone propionate-salmeterol (AirDuo Digihaler)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of asthma
- Patient has documented treatment failure, or intolerance\* to an adequate^ trial of fluticasone propionate/salmeterol inhalation powder (Wixela Inhub, Advair Diskus, or generics) and budesonide/formoterol (Symbicort, or generics)
- Despite regular use of a combination of medium-to-high dose inhaled corticosteroid and long-acting beta-agonist combination (ICS/LABA) the patient has uncontrolled asthma as defined by either of the following:
  - Experienced at least TWO asthma exacerbations requiring systemic corticosteroid burst lasting 3 or more days within the past 12 months, or at least ONE serious exacerbation requiring hospitalization or emergency room visit within the past 12 months
  - Asthma Control Test (ACT) is consistently less than 20 over the past 12 months
- Patient's inhaler technique (controller and rescue medications) has been evaluated by a respiratory therapist, nurse, or other qualified healthcare provider and has been determined to be correct.
- Prescriber has documented a need for detailed monitoring of the patient's drug therapy and adherence.