Finalized Prior Authorization Criteria
LABA/ICS Inhaler therapy (fluticasone-salmeterol, Dulera and Symbicort)
Reviewed P&T committee 10/3/2017

New Start Prior Authorization Criteria (120 Day lookback)

1. Is the member being treated for an OHP funded condition?
    a. If Yes, Move to question #2
    b. If No, review documentation for relevant comorbid conditions that are funded by OHP. If there are relevant comorbid conditions, move to question #2. If there are not relevant comorbid conditions, **Category 1 denial**.

2. Does the member have a diagnosis of asthma?
    a. If Yes, Move to question #3.
    b. If No, Move to question #5

3. Does the documentation submitted by the provider indicate that the member has tried and failed an inhaled corticosteroid (with consistent adherence), or the member has moderate to severe persistent asthma? Moderate to severe persistent asthma is defined as daily symptoms, daily to weekly nighttime awakenings, daily use of SABA needed for symptom control (not prevention of exercise induced bronchospasm), FEV_1 <80 percent predicted, FEV_1/FVC reduced ≥5 percent of normal range per age (≤75% for members under the age of 40, ≤70% for members 40-59, ≤65% for members over 59), and/or ≥2 exacerbations per year that require oral systemic corticosteroids.
    a. If Yes, Move to question #4
    b. If No, Forward to Pharmacist or Medical Director for medical appropriateness review. *Category 5: Not medically appropriate. ICS/LABA combination inhalers are not recommended as initial therapy for patients with intermittent asthma or mild persistent asthma*

4. Is the request for a formulary inhaler (Dulera, Symbicort, AirDuo)
    a. If Yes, **Approve for up to 12 months**.
    b. If No without adequate trial of formulary options (80% or greater adherence to Dulera, Symbicort, or AirDuo), **Category 15 denial**.
    c. If No, with adequate trial (80% or greater adherence to Dulera, Symbicort and AirDuo) **approve for up to 12 months.**

5. Does the member have a diagnosis of COPD?
    a. If Yes, Move to question #6
    b. If No, Category 3 denial.
    LABA/ICS inhalers only have FDA indication for the treatment of asthma and COPD.

6. Does the documentation submitted by the provider indicate that the member has moderate to severe airflow obstruction, a history of persistent respiratory symptoms (e.g. CAT score >10), or high risk for future exacerbations requiring oral corticosteroid treatment (e.g. ≥2 exacerbations and/or ≥ 1 hospitalization for an exacerbation over the last year)? Moderate to severe airflow obstruction in COPD is defined as FEV_1 <50% predicted.
    a. If Yes, Move to question #7
    b. If No, Forward to Pharmacist or Medical Director for medical appropriateness review.

Category 5: Not medically appropriate. ICS-LABA combination inhalers are not recommended for the treatment of COPD unless member has moderate to severe airflow obstruction.

7. Is the request for a formulary inhaler with a FDA indication for the treatment of COPD?
    a. If Yes, **Approve for up to 12 months**
    b. Requested inhaler does not have FDA indication for the treatment of COPD, **Category 3 denial.**
    c. If No, without adequate trial of formulary option (80% or greater adherence to Symbicort), **Category 15 denial**.
    d. If No, with adequate trial (80% or greater adherence to Symbicort), **approve for up to 12 months.**

Guide to Denial Categories	Reason for Denial
Category 1 denial	The condition is not on a funded line and there are no relevant comorbid conditions
Category 3 denial	The use of the medication is considered experimental/investigational (usually implies off-label use of a medication).
Category 5 denial	Not medically appropriate
Category 15 denial	Formulary medications have not been exhausted