

CRITERIA FOR PRIOR AUTHORIZATION

Long-Acting Beta-Agonists

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drug(s) require prior authorization:
Arformoterol (Brovana®)
Formoterol (Foradil®, Perforomist®)
Indacaterol (Arcapta® Neohaler)
Olodaterol (Striverdi Respimat®)
Salmeterol (Serevent Diskus®)

CRITERIA FOR BROVANA, ARCAPTA, PERFOROMIST, AND STRIVERDI RESPIMAT: (must meet all of the following)

- Patient must be 18 years of age or older.
- Patient must have a diagnosis of chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema.

CRITERIA FOR FORADIL AND SEREVENT: (must meet all of the following)

- Patient must be 5 years of age or older (Foradil) or 4 years of age or older (Serevent).

AND ONE OF THE FOLLOWING:

- Patient must have a diagnosis of chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema.

OR

- Patient must have a diagnosis of exercise-induced bronchospasm.
 - Patient must not have a diagnosis of persistent asthma.

OR

- Patient must have a diagnosis of asthma.
 - Patient must be concurrently using an inhaled corticosteroid

LENGTH OF APPROVAL: 12 months