

ALASKA MEDICAID

Long-Acting Beta₂-Adrenergic Agonists (Single Entity)

Brovana™ Inhalation Solution, Foradil® Aerolizer®,
Serevent® Diskus®, Symbicort Inhalation Aerosol

(Prior-authorization does not apply to Advair Diskus®, Advair® HFA, or Symbicort Inhalation Aerosol)

PREFERRED DRUG:

Foradil® Aerolizer®

Serevent® Diskus®

NON-PREFERRED DRUG:

Brovana™ Inhalation Solution

INDICATION:

Generally, Long-Acting Beta₂-Adrenergic Agonists are indicated for the long-term maintenance treatment of asthma, and COPD.

CRITERIA FOR APPROVAL:

1. In addition to the criteria listed below, for Foradil® Aerolizer®, the patient must be at least 5 years of age, and for Serevent® Diskus®, the patient must be at least 4 years of age.
2. Patient has been diagnosed with asthma; **AND**
3. Asthma is not adequately controlled with inhaled corticosteroids.^{1,2} **OR**
4. Patient has been diagnosed with COPD; **OR**
5. Patient is being treated for another FDA approved indication.

LENGTH OF AUTHORIZATION:

1. Coverage may be approved for up to 6 months.

DISPENSING LIMIT:

1. The dispensing limit is a 30 day supply of medication.

ADDITIONAL INFORMATION:

Long-acting beta₂-adrenergic agonists may increase the risk of asthma-related death. Prescribing must follow guidelines accepted by the FDA.

REFERENCES:

¹ National Heart, Lung, and Blood Institute, National Institutes of Health. Expert Panel Report 2: Guidelines for the Diagnosis and Management of Asthma. April 1997. (NIH Publication No. 97 4051). <<http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.pdf>>

Accessed 06/14/07

² The SMART Study is available at GSK's website at:
<http://us.gsk.com/products/assets/us_serevent_diskus.pdf>
Scroll down through the package insert to find the study.

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