

ALASKA MEDICAID

**Long-Acting Beta<sub>2</sub>-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 Beta<sub>2</sub>-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.<sup>1,2</sup> **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 beta<sub>2</sub>-adrenergic agonists may increase the risk of asthma-related death. Prescribing must follow guidelines accepted by the FDA.

**REFERENCES:**

<sup>1</sup> 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>>

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

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