blue of california

AEROSPAN (flunisolide),
AIRDUO (fluticasone/salmeterol),
ALVESCO (ciclesonide),
ARMONAIR RESPICLICK (fluticasone/salmeterol),
ASMANEX (mometasone furoate),
DULERA (mometasone/formoterol),
FLUTICASONE/SALMETEROL,
ARNUITY ELLIPTA (fluticasone),
FLOVENT DISKUS (fluticasone),
FLOVENT HFA (fluticasone),
PULMOCIRT FLEXHALER (fluticasone),
SYMBICORT (formoterol/budesonide),

Diagnosis Considered for Coverage:

- Maintenance treatment of asthma

Coverage Criteria:

For maintenance of asthma

- Dose does not exceed FDA maximum, **and**
- Inadequate response or intolerable side effect with preferred oral inhaled corticosteroid:

Drug	Step Therapy Requirement
• AirDuo	**PLUS/STD**: Medical rationale why patient cannot use the Advair (fluticasone/salmeterol) or fluticasone/salmeterol oral inhaler formulation.
• Aerospan • Alvesco • ArmonAir Respiclick Asmanex • Dulera	**PLUS:** ONE preferred inhaled corticosteroid including Advair, Breo Ellipta, Flovent Diskus, Flovent HFA, Fluticasone with salmeterol HFA, Pulmicort Flexhaler, Qvar, Symbicort, or Trelegy Ellipta. **STD:** ONE preferred inhaled corticosteroid including Advair, Breo Ellipta, Flovent Diskus, Flovent HFA, Fluticasone with salmeterol HFA, Qvar, or Trelegy Ellipta.
• Arnuity Ellipta • Pulmicort Flexhaler Symbicort	**STD:** ONE preferred inhaled corticosteroid including Advair, Breo Ellipta, Flovent Diskus, Flovent HFA, Qvar, or Trelegy Ellipta.

Coverage Duration: Length of benefit