

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Fluticasone Propionate (ArmonAir Digihaler)

Notes:

- ^ An adequate trial is generally considered at least 30 days of use
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria and criteria for new members entering Kaiser

Permanente already taking the medication who have not been reviewed previously:

Non-formulary **fluticasone propionate (ArmonAir Digihaler)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of asthma
- Patient has documented treatment failure, or intolerance* to an adequate^ trial of two formulary preferred inhaled corticosteroids (ICS): ciclesonide (Alvesco), mometasone furoate (Asmanex HFA, Asmanex Twisthaler), or fluticasone propionate (Flovent HFA, or generics)
- The patients' daily dose of ICS has been increased with the goal of improving asthma control.
- Despite regular use of a medium-to-high dose ICS the patient has uncontrolled asthma as defined by either of the following:
 - Experienced at least TWO asthma exacerbations requiring systemic corticosteroid burst lasting 3 or more days within the past 12 months, or at least ONE serious exacerbation requiring hospitalization or emergency room visit within the past 12 months
 - Asthma Control Test (ACT) is consistently less than 20 over the past 12 months
- Patient's inhaler technique (controller and rescue medications) has been evaluated by a respiratory therapist, nurse, or other qualified healthcare provider and has been determined to be correct.
- Prescriber has documented a need for detailed monitoring of the patient's drug therapy and adherence.