



Division: Pharmacy Services	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	June 12, 2012 January 22, 2018, July 9, 2021, March 18, 2025

LONG-ACTING BETA AGONISTS

PREFERRED MEDICATION	NON-PREFERRED MEDICATIONS
Arformoterol tartrate	Brovana® (arformoterol)
Serevent Diskus® (salmeterol xinafoate)	Formoterol fumarate (generic for Perforomist)
	Perforomist® (formoterol fumarate)
	Striverdi Respimat® (olodaterol)

LENGTH OF AUTHORIZATION: Up to one year

Long-acting beta agonists (**LABAs**) are approved to treat both people with asthma and chronic obstructive pulmonary disease (**COPD**).

REVIEW CRITERIA:

- Patient must be ≥ 18 years of age for Brovana, Perforomist, and **Striverdi Respimat**.
- Must have a documented diagnosis (in medical records or diagnoses codes) of asthma or chronic obstructive pulmonary disease (e.g., chronic bronchitis, emphysema).
- Patients with diagnosis of asthma (*not COPD*) must currently be on at least one other asthma controller medication (in medical records or claims history):
 - Inhaled corticosteroids
 - Extended-release theophylline
 - Mast-cell stabilizers
 - Leukotriene modifiers

CONTINUATION OF THERAPY:

- Patient met initial review criteria.
- Documentation of improved clinical response.
- Patient has not experienced any treatment-restricting adverse effects.
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling at <https://www.accessdata.fda.gov/scripts/cder/daf/>