

<b>Policy Name:</b>	<b>Non Preferred ICS/LABA Combination Inhalers</b>	<b>Policy #:</b>	<b>2247P</b>
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### Purpose of the Policy

The purpose of this policy is to define the criteria for coverage of fluticasone/salmeterol, Advair and Breo Ellipta/fluticasone-vilanterol for new starts to therapy.

### Statement of the Policy

Health Alliance Medical Plans will approve the use of fluticasone/salmeterol, Breo Ellipta/fluticasone-vilanterol, Advair Diskus, or Advair HFA when the following criteria have been met.

### Criteria

#### 1. Coverage Criteria for Asthma

- 1.1 Documented diagnosis of asthma
- 1.2 Documentation of previous trial and subsequent failure, intolerance, or contraindication to Dulera and Symbicort
- 1.3 Coverage in members age 12 and under will also require review for prior authorization

#### 2. Coverage Criteria for COPD

- 2.1 Documented diagnosis of COPD
- 2.2 Documentation of previous trial and subsequent failure, intolerance, or contraindication to Symbicort

#### 3. Exclusion Criteria

- 3.1 Advair and Breo Ellipta will not be covered for any non-FDA-approved indications

#### 4. Approval Period

- 4.1 Initial Approval: 12 months
- 4.2 Subsequent Approvals: 2 years

### CPT Codes

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### HCPCS Codes

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### References

1. Global Initiative for Asthma (GINA), Global Strategy for Asthma Management and Prevention, 2023. <https://ginasthma.org/2023-gina-main-report/>
2. Sharma M, Joshi S, Banjade P, et al. Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2023 Guidelines Reviewed. Open Respir Med J. 2024 Jan 10;18:e18743064279064.

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#### DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.