



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2018 P 3071-7
Program	Step Therapy
Medication	Dulera (mometasone furoate/formoterol fumarate)
P&T Approval Date	2/2016, 2/2017, 11/2017, 11/2018
Effective Date	2/1/2019; Oxford only: 2/1/2019

1. Background:

Dulera* (mometasone furoate/formoterol fumarate) is indicated for the treatment of asthma in patients aged 12 and older. Dulera should be used in patients not adequately controlled on a long-term asthma-control medication such as an inhaled corticosteroid (ICS) or whose disease warrants initiation of treatment with both an ICS and long-acting beta₂-adrenergic agonist.

Step Therapy programs are utilized to encourage the use of lower cost alternatives for certain therapeutic classes. This program requires a member to try Symbicort and either fluticasone/salmeterol [fluticasone/salmeterol (AirDuo RespiClick*) or Advair (HFA or Diskus)] or Breo Ellipta before providing coverage for Dulera for the treatment of asthma.

2. Coverage Criteria^a:

A. Dulera* will be approved based on the following criteria:

1. History of failure, contraindication, or intolerance to **both** of the following:
 - a. Symbicort

-AND-

- b. **One** of the following:

- 1) fluticasone/salmeterol [fluticasone/salmeterol (AirDuo RespiClick*), Advair (HFA or Diskus)]

-OR-

- 2) Breo Ellipta

Authorization will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

* Brand AirDuo RespiClick is typically excluded from coverage.

3. Additional Clinical Programs:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may also be in place.

4. References:

1. Dulera prescribing information. Whitehouse Station, NJ: Merck & Co, Inc. July 2018.
2. Advair Diskus prescribing information. Research Triangle Park, NC: GlaxoSmithKline. December 2017.
3. Advair HFA prescribing information. Research Triangle Park, NC: GlaxoSmithKline. December 2017.
4. Breo Ellipta prescribing information. Research Angle Park, NC: GlaxoSmithKline. December 2017.
5. Symbicort prescribing information. Wilmington, DE: AstraZeneca. December 2017.
6. AirDuo RespiClick prescribing information. Frazer, PA: Teva Respiratory LLC. . March 2018.

Program	Step Therapy – Dulera (mometasone furoate/formoterol fumarate)
Change Control	
2/2016	New Program
7/2016	Added Indiana and West Virginia coverage information.
11/2016	Administrative change. Added California coverage information.
2/2017	Annual Review. References updated.
11/2017	Annual Review. Added brand and generic AirDuo RespiClick and noted Dulera typically excluded from coverage. Updated mandate language and references.
11/2018	Annual Review. Updated background section and references.