



Uniform Formulary Medical Necessity Criteria for Long Acting Beta Agonists

Drug Class - Long Acting Beta Agonists

Background - After evaluating the relative clinical and cost effectiveness of the Long Acting Beta Agonists, the DoD P&T Committee has recommended that the following medications be designated as non-formulary under the Uniform Formulary. These recommendations have been approved by the Director, TMA.

Effective Date: 16 September 2009

- Formoterol Inhalation Solution (Perforomist)

Patients currently using a non-formulary long acting beta agonist may wish to ask their doctor to consider a formulary alternative.

Uniform Formulary Status, Cost Shares, and Therapeutic Alternatives for Long Acting Beta Agonists^{1,2}

Uniform Formulary Status	Medication	Military Treatment Facilities (MTFs) cost share for up to a 90 day supply	Mail Order cost share for up to a 90 day supply	Retail Network cost share for up to a 30 day supply
Non-Formulary (Tier 3)	Perforomist (formoterol Inhalation Solution)	Not available ²	Non-Formulary cost share applies	Non-Formulary cost share applies
Formulary: Brand Name (Tier 2)	Serevent Diskus (salmeterol DPI) Foradil Aerolizer (formoterol DPI) Brovana (arformoterol inhalation solution)	\$0	Formulary (Brand) cost share applies	Formulary (Brand) cost share applies
Formulary: Generic (Tier 1)	None	\$0	Generic cost share applies	Generic cost share applies

1. Active duty cost share always \$0 in all points of service for all three tiers; active duty service members may not fill prescriptions for a non-formulary medication unless it is determined to be medically necessary.
2. MTFs will be able to fill non-formulary requests for non-formulary medications only if both of the following conditions are met: 1) a MTF provider writes the prescription, and 2) medical necessity is established for the non-formulary medication. MTFs may (but are not required to) fill a prescription for a non-formulary medication written by a non-MTF provider to whom the patient was referred, as long as medical necessity has been established.

Medical Necessity Criteria for Long Acting Beta Agonists

The non-formulary cost share for Perforomist may be reduced to the formulary cost share IF one or more of the following criteria are met:

1. Use of the following formulary long acting beta agonists is contraindicated: Serevent Diskus, Foradil Aerolizer, Brovana.
2. The patient has experienced or is likely to experience significant adverse effects from the following formulary long acting beta agonists: Serevent Diskus, Foradil Aerolizer, Brovana.
3. The patient previously responded to non formulary agent and changing of the following formulary agent would incur unacceptable risk: Serevent Diskus, Foradil Aerolizer, Brovana.

Criteria recommended by the DoD Pharmacy & Therapeutics Committee at the February 2009 meeting & approved by the Director, TMA on 12 May 2009. For more information, please see the February 2009 [DoD P&T Committee minutes](#).

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