

**Texas Prior Authorization Program
Clinical Edit Criteria**

Drug/Drug Class

Duplicate Therapy

Clinical Edit Information Included in this Document

- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria; provided when applicable

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Initial publication and posting to website



Duplicate Therapy Drug Class Clinical Edit Criteria Logic

1. Does the client have greater than or equal to (\geq) 2 different drugs within the selected drug class? (Use the following table for reference.)

- Yes (Deny)
 No (Approve - 30 days)

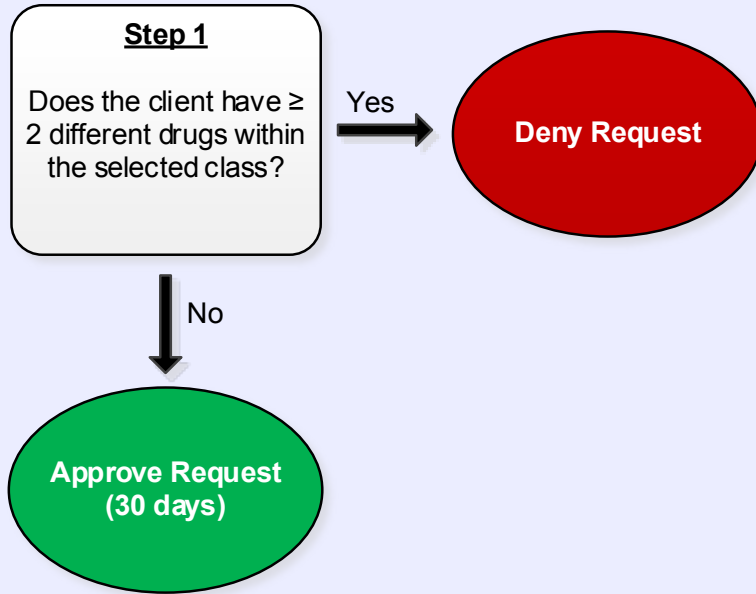
Drug Class	Drug Combinations		Number of Physicians
	Drug #1	Drug #2	
Anticoagulants	Anticoagulant	Anticoagulant	Not applicable (NA)
Antidiabetic Agents	Meglitinide	Meglitinide	NA
Angiotensin Modulators	ARB	ARB	NA
Antihistamines	Antihistamine	Antihistamine	NA
Beta-2 Agonists, Inhaled	Short-acting beta-2 agonist	Short-acting beta-2 agonist	NA
Beta-2 Agonists, Inhaled	Long-acting beta-2 agonist	Long-acting beta-2 agonist	NA
Beta-2 Agonists, Inhaled	Long-acting beta-2 agonist	Long-acting beta-2 agonist/ICS combination drug	NA
Beta-2 Agonists, Inhaled	Long-acting beta-2 agonist	Long-acting beta-2 agonist/anticholinergic combination drug	NA
Corticosteroid/LABA MDI	Corticosteroid/LABA MDI	Corticosteroid/LABA MDI	NA
Corticosteroid, MDI	Corticosteroid MDI	Corticosteroid MDI	NA
Corticosteroids, Oral	Corticosteroid, Oral	Corticosteroids, Oral	NA
Diuretics	Thiazide Diuretic	Thiazide Diuretic	NA
Hormone Replacement	HRT	HRT	NA
Methylxanthines	Methylxanthine	Methylxanthine	NA
NSAIDs	NSAID	NSAID	NA
Statin Combination Agents	HMG CoA Agent	HMG CoA Combo Agent	NA

Note: Duplicate therapy is defined as greater than (>) 35 days of overlapping therapy between different agents in the last 60 days.



Duplicate Therapy Drug Class

Clinical Edit Criteria Logic Diagram





Beta-2 Agonists, Inhaled

Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
LONG ACTING BETA-2 AGONISTS:	
ARCAPTA NEOHALER 75 MCG CAP	30184
BROVANA 15 MCG/2 ML SOLUTION	97366
FORADIL AEROLIZER 12 MCG CAP	36801
PERFORMIST 20 MCG/2 ML SOLN	98776
SEREVENT DISKUS 50 MCG	64012
STRIVERDI RESPIMAT INHAL SPRAY	36174
LONG ACTING BETA-2 AGONIST/ICS COMBINATION PRODUCTS:	
ADVAIR 100-50 DISKUS	50584
ADVAIR 250-50 DISKUS	50594
ADVAIR 500-50 DISKUS	50604
ADVAIR HFA 45-21 MCG INHALER	97135
ADVAIR HFA 115-21 MCG INHALER	97136
ADVAIR HFA 230-21 MCG INHALER	97137
BREO ELLIPTA 100-25 MCG INHALER	34647
DULERA 100 MCG/5 MCG INHALER	28766
DULERA 200 MCG/5 MCG INHALER	28767
SYMBICORT 80-4.5 MCG INHALER	98499
SYMBICORT 160-4.5 MCG INHALER	98500
LONG ACTING BETA-2 AGONIST/ANTICHOLINERGIC COMBINATION PRODUCTS:	
ANORO ELLIPTA 62.5-25 MCG INHALER	35903



Duplicate Therapy
Drug Class
References

1. National Asthma Education and Prevention Program. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma. Full Report 2007. U.S. Department of Health and Human Services. National Institutes of Health. National Heart, Lung, and Blood Institute. Available at: www.nhlbi.nih.gov.
2. Global Strategy for the Diagnosis, Management and Prevention of COPD, Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2014. Available at: www.goldcopd.org.

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
01/31/2011	Initial publication and posting to website
12/27/2012	Revised to reflect current clinical edit
03/26/2014	Revised to reflect criteria additions