



COPD AGENTS PA SUMMARY

Preferred	Non-Preferred
Advair Diskus (fluticasone/salmeterol)	Albuterol/ipratropium neb inhalation solution generic
Albuterol 0.083% (2.5mg/3mL), 0.5% (5mg/mL) neb inhalation solution generic	Anoro Ellipta (umeclidinium/vilanterol)
Atrovent HFA (ipratropium)	Arcapta Neohaler (indacaterol)
Combivent Respimat (ipratropium/albuterol)	Breo Ellipta (fluticasone/vilanterol)
Foradil Aerolizer (formoterol)	Brovana (arformoterol neb inhalation solution)
Ipratropium 0.02% inhalation solution generic	Daliresp (roflumilast)
Serevent Diskus (salmeterol)	Incruse Ellipta (umeclidinium)
Spiriva Handihaler (tiotropium)	Perforomist (formoterol neb inhalation solution)
Symbicort (budesonide/formoterol)	Spiriva Respimat (tiotropium)
	Striverdi Respimat (oladaterol)
	Tudorza Pressair (aclidinium)

LENGTH OF AUTHORIZATION: 1 Year

NOTES:

- ❖ Criteria for Lufyllin is listed in a separate document titled "Lufyllin".

PA CRITERIA:

For Generic Albuterol/Ipratropium Neb Inhalation Solution

- ❖ Approvable for the diagnosis of COPD
- AND
- ❖ Prescriber should submit a written letter of medical necessity stating the reason(s) the separate preferred products, albuterol 0.083% or 0.5% neb inhalation solution and ipratropium 0.02% neb inhalation solution cannot be mixed.

For Anoro Ellipta

- ❖ Approvable for the diagnosis of COPD
- AND
- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to Spiriva Handihaler and Foradil or Serevent.

For Arcapta Neohaler and Striverdi Respimat

- ❖ Approvable for the maintenance treatment of COPD
- AND
- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to Foradil and Serevent.

For Breo Ellipta

- ❖ Approvable for the diagnosis of COPD
- AND
- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to Advair and Symbicort.



For Brovana and Perforomist

- ❖ Approvable for the diagnosis of COPD

AND

- ❖ Member should be unable to use a dry powder inhaler (Foradil or Serevent).

For Daliresp

- ❖ Approvable for the diagnosis of severe COPD associated with chronic bronchitis in members 18 years of age or older

AND

- ❖ Faxed documentation of FEV₁ is required unless the member has had at least 2 COPD exacerbations (requiring administration of systemic steroids and/or antibiotics or requiring hospitalization) in the past 12 months.
- ❖ Member must have used a long-acting bronchodilator therapy within the past 12 months and be currently using one.

For Incruse Ellipta and Tudorza Pressair

- ❖ Approvable for the maintenance treatment of COPD

AND

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to Spiriva.

For Spiriva Respimat

- ❖ Approvable for the maintenance treatment of COPD

AND

- ❖ Prescriber should submit a written letter of medical necessity stating the reason(s) Spiriva Handihaler is not appropriate for the member.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.