



**GEORGIA MEDICAID FEE-FOR-SERVICE
ASTHMA AND COPD AGENTS PA SUMMARY**

Preferred	Non-Preferred
<i>Anticholinergics and Combinations</i>	
<p>Anoro Ellipta (umeclidinium/vilanterol) Atrovent HFA (ipratropium) Combivent Respimat (ipratropium/albuterol) Ipratropium nebulizer inhalation solution generic Ipratropium/albuterol nebulizer inhalation solution generic Spiriva Handihaler (tiotropium) Stiolto Respimat (tiotropium/olodaterol)</p>	<p>Bevespi Aerosphere (glycopyrrolate/formoterol) Duaklir Pressair (aclidinium/formoterol) Incruse Ellipta (umeclidinium) Lonhala Magnair (glycopyrrolate nebulizer inhalation solution) Spiriva Respimat (tiotropium) Tudorza Pressair (aclidinium) Yupelri (revefenacin nebulizer inhalation solution)</p>
<i>Beta Agonists (Sympathomimetics)</i>	
<p>Albuterol nebulizer inhalation solution 0.083% (2.5mg/3mL), 0.5% (5mg/mL) generic Albuterol syrup generic ProAir HFA (albuterol) Serevent Diskus (salmeterol)</p>	<p>Albuterol nebulizer inhalation solution 0.021% (0.63 mg/3 ml), 0.042% (1.25 mg/3 ml) generic Albuterol IR and ER tablets generic Brovana (arformoterol nebulizer inhalation solution) Levalbuterol nebulizer inhalation solution generic^ Metaproterenol generic Perforomist (formoterol nebulizer inhalation solution) ProAir Digihaler and Respiclick (albuterol) Striverdi Respimat (olodaterol) Terbutaline generic Xopenex HFA (levalbuterol)</p>
<i>Inhaled Corticosteroids (ICS)</i>	
<p>Asmanex Twisthaler (mometasone)⁺ Budesonide neb suspension for inhalation generic Flovent Diskus/HFA (fluticasone propionate) Pulmicort Flexhaler (budesonide)</p>	<p>Alvesco (ciclesonide) Armonair Digihaler (fluticasone propionate) Arnuity Ellipta (fluticasone furoate) Asmanex HFA (mometasone) Qvar Redihaler (beclomethasone)</p>
<i>Inhaled Corticosteroid (ICS) and Long-Acting Beta Agonist (LABA) Combinations</i>	
<p>Advair Diskus and HFA (fluticasone/salmeterol) Dulera (mometasone/formoterol) Symbicort (budesonide/formoterol)</p>	<p>AirDuo Digihaler and Respiclick (fluticasone/salmeterol) Breo Ellipta (fluticasone/vilanterol) Breztri Aerosphere (budesonide/glycopyrrolate/formoterol) Fluticasone/salmeterol (generic AirDuo Respiclick) Trelegy Ellipta (fluticasone/umeclidinium/vilanterol)</p>



<i>Methylxanthines</i>	
Elixophyllin (theophylline elixir) Theophylline solution and tablets generic Theophylline CR/ER tablets generic Theo-24 (theophylline ER capsules)	Theophylline elixir generic*
<i>Phosphodiesterase-4 Inhibitors (PDE-4 Inhibitors)</i>	
N/A	Daliresp (roflumilast)

*Non-preferred agent that does not require PA. ^Does not require PA for members 8 years of age or younger. +110 mcg strength requires PA for members 12 years of age or older. CR=controlled-release; ER=extended-release

LENGTH OF AUTHORIZATION: 1 year

NOTES:

- Asmanex Twisthaler 110 mcg/inh does not require PA for members 11 years of age or younger.
- Levalbuterol nebulizer inhalation solution does not require PA for members 8 years of age or younger.

PA CRITERIA:

Bevespi Aerosphere

- ❖ Approvable for members with a diagnosis of chronic obstructive pulmonary disease (COPD) who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to Anoro Ellipta and Stiolto Respimat or Spiriva Handihaler and Serevent taken together.

Duaklir Pressair

- ❖ Approvable for members with a diagnosis of COPD who do not have a nebulizer or are not able to inhale nebulized medications who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to Anoro Ellipta and Stiolto Respimat or Spiriva Handihaler and Serevent taken together; otherwise, prescriber must submit a written letter of medical necessity stating the reasons Tudorza Pressair and Perforomist are not appropriate for the member.

Incruse Ellipta and Tudorza Pressair

- ❖ Approvable for members with a diagnosis of COPD who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to Spiriva.

Lonhala Magnair and Yupelri

- ❖ Approvable for members with a diagnosis of COPD who are unable to use an inhaler; otherwise, member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to Spiriva, Incruse Ellipta and Tudorza Pressair.



Spiriva Respimat

- ❖ Approvable for members with a diagnosis of asthma who have experienced ineffectiveness with an inhaled corticosteroid and long-acting beta agonist taken together and will continue these medications while on Spiriva Respimat.
- ❖ For members with COPD, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Spiriva Handihaler, is not appropriate for the member.

Albuterol Nebulizer Inhalation Solution 0.021% (0.63 mg/3mL), 0.042% (1.25 mg/3mL) Generic

- ❖ Approvable for members who have experienced ineffectiveness or intolerable side effects to albuterol neb inhalation solution 0.5% or 0.083%.

Levalbuterol Nebulizer Inhalation Solution Generic

- ❖ Does not require prior authorization for members less than 9 years of age.
- ❖ Approvable for members 9 years of age and older who have experienced ineffectiveness or intolerable side effects to albuterol neb inhalation solution 0.5% or 0.083%.

Albuterol Immediate-Release and Extended-Release Tablets Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic albuterol syrup, is not appropriate for the member.

Striverdi Respimat

- ❖ Approvable for members with COPD who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to Serevent.

Brovana and Perforomist

- ❖ Approvable for members with a diagnosis of COPD who are unable to use an inhaler or have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to Serevent.

Metaproterenol Generic and Terbutaline Generic

- ❖ Approvable for members who have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to albuterol.

ProAir Digihaler and ProAir Respiclick

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, ProAir HFA, is not appropriate for the member.

Xopenex HFA

- ❖ Approvable for members who must have experienced ineffectiveness or intolerable side effects to ProAir HFA.

Alvesco and Qvar Redihaler

- ❖ Approvable for members with a diagnosis of asthma who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to at least two different preferred inhaled corticosteroids.



Armonair Digihaler and Arnuity Ellipta

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Flovent Diskus and Flovent HFA as well as at least one other preferred inhaled corticosteroid, are not appropriate for the member.

Asmanex HFA

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Asmanex Twisthaler and at least one other preferred inhaled corticosteroid, are not appropriate for the member.

Asmanex Twisthaler 110 mcg/inh

- ❖ Does not require prior authorization for members less than 12 years of age.
- ❖ For members 12 years of age or older, prescriber must submit a written letter of medical necessity stating the reasons Asmanex Twisthaler 220 mcg/inh is not appropriate for the member.

AirDuo Digihaler, AirDuo Respiclick and Fluticasone/Salmeterol Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Advair HFA and Advair Diskus, are not appropriate for the member.

Breo Ellipta

- ❖ Approvable for members with a diagnosis of COPD who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to two of the preferred inhaled corticosteroid and long-acting beta-agonist combination products: Advair HFA or Advair Diskus, Dulera and Symbicort.

Breztri Aerosphere

- ❖ For members with a diagnosis of COPD who have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to Trelegy, prescriber must submit a written letter of medical necessity stating the reasons Bevespi Aerosphere used with Pulmicort Flexhaler is not appropriate for the member.

Trelegy Ellipta

- ❖ Approvable for members with a diagnosis of COPD who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to Anoro Ellipta or Stiolto Respimat and to two of the preferred inhaled corticosteroid and long-acting beta-agonist combination products: Advair HFA or Advair Diskus, Dulera and Symbicort.
- ❖ Approvable for members with a diagnosis of asthma who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to two of the preferred inhaled corticosteroid and long-acting beta-agonist combination products: Advair HFA or Advair Diskus, Dulera and Symbicort.

Daliresp

- ❖ Approvable for members 18 years of age and older with a diagnosis of severe COPD associated with chronic bronchitis and an FEV₁ less than 50% of predicted who are currently on long-acting bronchodilator therapy

OR



- ❖ Member has had at least 2 COPD exacerbations requiring administration of systemic steroids and/or antibiotics or hospitalization in the past 12 months and member must have used long-acting bronchodilator therapy within the past 12 months and be currently on long-acting bronchodilator therapy.

EXCEPTIONS:

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

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

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 Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.