



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

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



Theophylline solution/elixir and ER tablets generic Theo-24 (theophylline ER capsules)	N/A
<b><i>Phosphodiesterase-4 Inhibitors (PDE-4 Inhibitors)</i></b>	
N/A	Roflumilast generic

^Does not require PA for members 8 years of age or younger. IR=immediate-release; ER=extended-release

\*Does not require PA for members 12 years of age or younger.

**LENGTH OF AUTHORIZATION:** 1 year

**NOTES:**

- 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 inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to Anoro Ellipta and Stiolto Respimat or Spiriva Handihaler and Serevent taken together.

*Combivent Respimat*

- ❖ For members with COPD, prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Atrovent HFA with Ventolin HFA, are not appropriate for the member.

*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 inadequate response, 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 inadequate response, 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 inadequate response, 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 inadequate response 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 Solution 0.021% (0.63 mg/3mL), 0.042% (1.25 mg/3mL) Generic

- ❖ Approvable for members who have experienced inadequate response or intolerable side effects to albuterol nebulizer solution 0.5% or 0.083%.

Levalbuterol Nebulizer 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 inadequate response or intolerable side effects to albuterol nebulizer solution 0.5% or 0.083%.

Albuterol 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.

Brovana and Perforomist

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

ProAir Digihaler

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

Striverdi Respimat

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

Terbutaline Generic

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

Xopenex HFA

- ❖ Approvable for members who must have experienced inadequate response or intolerable side effect to albuterol HFA (ProAir HFA, Proventil HFA, Ventolin HFA).

Alvesco and Pulmicort Flexhaler

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



Armonair Digihaler and Fluticasone Propionate Diskus Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Arnuity Ellipta, fluticasone propionate HFA generic and 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.

Fluticasone Propionate HFA Generic

- ❖ For members 13 years of age and older, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Arnuity Ellipta, 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.

Airsupra

- ❖ Prescriber must submit a written letter of medical necessity must be submitted stating the reasons Ventolin HFA, preferred inhaled corticosteroids and Pulmicort Flexhaler are not appropriate for the member

Breo Ellipta

- ❖ Approvable for members with a diagnosis of COPD who have experienced inadequate response, 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 inadequate response, 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 inadequate response, 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 inadequate response, 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.



Roflumilast Generic

- ❖ Approvable for members 18 years of age and older with a diagnosis of severe COPD associated with chronic bronchitis and an FEV<sub>1</sub> 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](http://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](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.