



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

Preferred	Non-Preferred
<p><i>Anticholinergics and Combinations</i> Atrovent HFA (ipratropium) Combivent Respimat (ipratropium/albuterol) Ipratropium neb inhalation solution generic Ipratropium/albuterol neb inhalation solution generic Spiriva Handihaler/Respimat (tiotropium)</p>	<p>Anoro Ellipta (umeclidinium/vilanterol) Incruse Ellipta (umeclidinium) Seebri Neohaler (glycopyrrolate) Stiolto Respimat (tiotropium/olodaterol) Tudorza Pressair (aclidinium) Utibron Neohaler (glycopyrrolate/indacaterol)</p>
<p><i>Beta Agonists (Sympathomimetics)</i> Albuterol neb inhalation solution 0.083% (2.5mg/3mL), 0.5% (5mg/mL) generic Albuterol syrup and extended-release tablets generic Brovana (arformoterol neb inhalation solution) Metaproterenol generic Proventil HFA (albuterol) Serevent Diskus (salmeterol) Terbutaline generic</p>	<p>Albuterol neb inhalation solution 0.021% (0.63 mg/3 ml), 0.042% (1.25 mg/3 ml) generic Albuterol tablets generic Arcapta Neohaler (indacaterol) Levalbuterol neb inhalation solution generic Perforomist (formoterol neb inhalation solution) ProAir HFA/Respiclick (albuterol) Striverdi Respimat (olodaterol) Ventolin HFA (albuterol) Xopenex (levalbuterol neb inhalation solution) Xopenex HFA (levalbuterol)</p>
<p><i>Inhaled Corticosteroids</i> Aerospan (flunisolide) Asmanex Twisthaler (mometasone) Flovent Diskus/HFA (fluticasone propionate) Pulmicort Respules Suspension (budesonide neb suspension for inhalation) Pulmicort Flexhaler (budesonide) Qvar (beclomethasone)</p>	<p>Alvesco (ciclesonide) Arnuity Ellipta (fluticasone furoate) Asmanex HFA (mometasone) Budesonide neb suspension for inhalation generic</p>
<p><i>Inhaled Corticosteroid Combinations</i> Advair Diskus (fluticasone/salmeterol) Symbicort (budesonide/formoterol)</p>	<p>Advair HFA (fluticasone/salmeterol) Breo Ellipta (fluticasone/vilanterol) Dulera (mometasone/formoterol)</p>
<p><i>Methylxanthines</i> Elixophyllin (theophylline elixir) Theophylline solution and tablets generic Theophylline CR/ER tablets generic Theo-24 (theophylline ER capsules)</p>	<p>Lufyllin (dyphylline) Theophylline elixir generic</p>
<p><i>Phosphodiesterase-4 Inhibitors</i> n/a</p>	<p>Daliresp (roflumilast)</p>

LENGTH OF AUTHORIZATION: 1 Year

Revised 1/12/2016



NOTES:

- ❖ Asmanex Twisthaler 110 mcg/inh does not require PA for members 11 years of age or younger.
- ❖ Xopenex Inhalation Solution does not require PA for members 8 years of age or younger. PA is required for all ages for Xopenex HFA and levalbuterol neb inhalation solution generic.
- ❖ If levalbuterol inhalation solution generic is approved, the PA will be issued for brand Xopenex.

PA CRITERIA:

Anoro Ellipta and Utibron Neohaler

- ❖ 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 Spiriva Handihaler and Serevent taken together.

Incruse Ellipta, Seebri Neohaler 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.

Stiolto Respimat

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

Albuterol Neb 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 Neb Inhalation Solution Generic

- ❖ Member must who have experienced ineffectiveness or intolerable side effects to albuterol neb inhalation solution 0.5% or 0.083%

AND

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons brand Xopenex is not appropriate for the member.

Xopenex

- ❖ 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 Tablets Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, generic albuterol syrup and extended-release tablets, are not appropriate for the member.



Arcapta Neohaler and Striverdi Respimat

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

Perforomist

- ❖ Approvable for members with a diagnosis of COPD who have experienced ineffectiveness or intolerable side effects to Brovana.

ProAir HFA, ProAir Respiclick and Ventolin HFA

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

Xopenex HFA

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

Alvesco

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

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.

Budesonide Neb Suspension for Inhalation Generic

- ❖ Member must require the use of a nebulizer to administer an inhaled corticosteroid

AND

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

Advair HFA

- ❖ Approvable for members less than 12 years of age who are not able to inhale a powder formulation due to age, tracheostomy (trach) tube or mental or physical disabilities.
- ❖ Approvable for members 12 years of age or older who are not able to inhale a powder formulation due to tracheostomy (trach) tube or mental or physical disabilities and who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to Symbicort.



- ❖ Approvable for members 12 years of age or older who are able inhale a powder formulation and have experienced ineffectiveness with Advair Diskus and have experience ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to Symbicort.

Breo Ellipta

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

Dulera

- ❖ Approvable for members less than 12 years of age who are not able to inhale a powder formulation due to age, tracheostomy (trach) tube or mental or physical disabilities.
- ❖ Approvable for members 12 years of age or older who are not able to inhale a powder formulation due to tracheostomy (trach) tube or mental or physical disabilities and who have experienced ineffectiveness with Symbicort or who have allergies, contraindications, drug-drug interactions or intolerable side effects to budesonide.
- ❖ Approvable for members 12 years of age or older who are able inhale a powder formulation and have experienced ineffectiveness with Advair Diskus and Symbicort or have allergies, contraindications, drug-drug interactions or intolerable side effects to Advair Diskus and budesonide.

Lufyllin

- ❖ Approvable for a diagnosis of acute bronchial asthma or reversible bronchospasm associated with chronic bronchitis or emphysema (COPD)

AND

- ❖ Approvable for members who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, intolerable side effects to theophylline.

Daliresp

- ❖ Approvable for members 18 years of age and older with a diagnosis of severe COPD associated with chronic bronchitis

AND

- ❖ Faxed documentation of FEV₁ less than <50% of predicted and member is required and the member is currently on long-acting bronchodilator therapy

OR

- ❖ Member has had at least 2 COPD exacerbations requiring administration of systemic steroids and/or antibiotics or requiring hospitalization in the past 12 months and member must have used a 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 <http://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 Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.