

Market Applicability															
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	NA

*FHK- Florida Healthy Kids

Non-Preferred Long-Acting Muscarinic Agonist (LAMA) Agents Step Therapy

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Comments	Quantity Limit
Spiriva Respimat (tiotropium) 2.5mcg	Preferred	May be subject to quantity limit
INCRUSE Ellipta (umeclidinium) Lonhala Magnair (glycopyrrolate) Seebri Neohaler (glycopyrrolate) Spiriva HandiHaler (tiotropium) Tudorza Pressair (aclidinium)	Non-Preferred	

APPROVAL CRITERIA

Requests for a non-preferred LAMA may be approved if the following criteria are met:

- I. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to one preferred agent; **OR**

Preferred agent: Spiriva Respimat 2.5mcg

- II. A non-preferred Dry Powder Inhaler (DPI)^ (Seebri Neohaler, Incruse Ellipta or Spiriva HandiHaler) may be approved for individuals who lack effective hand-breath coordination; **OR**
- III. A non-preferred nebulized inhalation agent^ (Lonhala Magnair) may be approved for individuals who are unable to use oral inhalers due to a weak or ineffective inspiratory effort or lack of effective hand-breath coordination.

^Note: Inhalation aerosol spray LAMA agent: Spiriva Respimat. DPI LAMA agents: Spiriva HandiHaler, Seebri Neohaler, Tudorza Pressair, Incruse Ellipta. Nebulized inhalation LAMA agent: Lonhala Magnair.

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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*Note: Agents inhaled utilizing a dry powder dose form (capsule, blister, inhaler) may contain lactose as an inactive ingredient. Individuals with a severe milk protein allergy should avoid use of these agents due to risk of anaphylactic reactions. Lactose-containing LAMA agents: Spiriva HandiHaler, Seebri Neohaler, Tudorza Pressair, Incruse Ellipta. Lactose-free LAMA agent: Spiriva Respimat, Lonhala Magnair.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2018. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed on: January 3, 2018

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2018; Updated periodically.

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