

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

Non-Preferred Long-Acting Muscarinic Agonist (LAMA)/Long-Acting Beta-2 Agonist (LABA) Combination Agents Step Therapy

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

Medications	Comments	Quantity
Anoro Ellipta (umeclidinium/vilanterol)	Preferred	May be subject to quantity limit
Stiolto Respimat (tiotropium/olodaterol)		
Bevespi Aerosphere (glycopyrrolate/formoterol)	Non-Preferred	
Duaklir Pressair (aclidinium/formoterol fumarate)		
Utibron Neohaler (indacaterol/glycopyrrolate)		

APPROVAL CRITERIA

Requests for a non-preferred LAMA/LABA combination agent may be approved if the following criterion is 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.

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Preferred agents: Anoro Ellipta, Stiolto Respimat

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

Key References:

1. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: June 25, 2019.
2. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
3. Global Strategy for the Diagnosis, Management and Prevention of COPD, Global Initiative for Chronic Obstructive Lung Disease (GOLD) 2019. Available from: Available from: <http://goldcopd.org>. Accessed on: June 25, 2019.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.

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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