

Market applicability/effective date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

\*FHK- Florida Healthy Kids

ICS containing product – ICS, LABA/ICS
Qvar (beclomethasone dipropionate)
Pulmicort Respules and flexhaler(budesonide)
Alvesco (ciclesonide)
Aerospan (flunisolide)
Arnuity Ellipta (fluticasone furoate)
Flovent Diskus and HFA (fluticasone propionate)
Asmanex Inhaler and HFA (mometasone furoate)
Symbicort (formoterol/budesonide)
Dulera (formoterol/mometasone)
Advair Diskus and HFA (salmeterol/fluticasone)
Breo Ellipta (vilanterol/fluticasone)

LABA containing products – LABA, LABA/ICS, LABA/LAMA
Brovana (arformoterol)
Foradil, Perforomist (formoterol)
Arcapta (indacaterol)
Striverdi Respimat (Olodaterol)
Serevent Diskus (Salmeterol)
Symbicort (formoterol/budesonide)
Dulera (formoterol/mometasone)
Advair Diskus and HFA (salmeterol /fluticasone)
Breo Ellipta (vilanterol/fluticasone)
Anoro Ellipta (vilanterol/umeclidinium)
Stioloto Respimat(tiotropium/olodaterol)
Utibron Neohaler (indacaterol/glycopyrrolate)

LAMA containing products – LAMA, LABA/LAMA
Tudorza Pressair (aclidinium)
Spiriva Handihaler and Respimat (tiotropium)
Incruse Ellipta (umeclidinium)
Anoro Ellipta (vilanterol/umeclidinium)
Seebri Neohaler (glycopyrrolate)
Stioloto Respimat(tiotropium/olodaterol)
Utibron Neohaler (indacaterol/glycopyrrolate)

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### **Override(s)**

Prior authorization of benefits

### **Approval duration**

1 year

### **Approval criteria**

Any long-acting beta-agonist (LABA), inhaled corticosteroid (ICS), LABA-ICS combination, long-acting muscarinic-agonist (LAMA), or LABA-LAMA agent will reject if the individual is continuing another inhaled agent within that same class. The request will be reviewed on a case by case basis.