

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

*FHK- Florida Healthy Kids

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	
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 and inadequate response or intolerance to one preferred agent.

Preferred agent: Anoro Ellipta, Stiolto Respimat

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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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>.

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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