Premier Health Plan

POLICY AND PROCEDURE

POLICY TITLE: ***Non-preferred Long-Acting Muscarinic Antagonist Step***
DEPARTMENT: **Clinical Pharmacy Services- Utilization Management**
ORIGINAL DATE: **November *2015 (as adopted from UPMC Health Plan)***

Last P & T Committee Approval Date: *February 2018*

Product Applicability: *mark all applicable products below:*

COMMERCIAL	[ ] HMO [ ] PPO *Products*: [ ] Small [ ] Indiv. [ ] Large *Exchange*: [ ] Shop [ ] Indiv. [x] All
OTHER	[x] Self-funded/ASO

PURPOSE

The purpose of this policy is to define the prior authorization process for Non-preferred Long-Acting Muscarinic Antagonist

Aclidinium bromide (Tudorza® Pressair®) indicated for the long-term maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema.

Tiotropium bromide (Spiriva® Handihaler®) is indicated for the long-term, once-daily, maintenance treatment of bronchospasm associated with COPD, and for reducing COPD exacerbations.

Umeclidinium (Incruse™ Ellipta™) is indicated for once-daily, long-term maintenance treatment of airflow obstruction in patients with COPD, including chronic bronchitis and/or emphysema.

Glycopyrrolate (Seebri Neohaler) is indicated for once-daily, long- term maintenance treatment of airflow obstruction in patients with COPD, including chronic bronchitis and/or emphysema.

DEFINITIONS

Non-preferred medication – a brand name medication for which a generic or other brand name medication is preferred at a lower tier. This medication is associated with the highest level of copayment.

POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.002 Pharmacy and Therapeutics Committee and RX.003-Prior Authorization Process.

The non-preferred long-acting muscarinic antagonists are subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed under the respective header:

1. **Automatic coverage:**
   - Must have a documented pharmacy claim history of prior therapy with Spiriva or Incruse Ellipta

2. **Members without a documented claims history:**
   - Must have documentation indicating that the member has failed or has an intolerance or contraindication to Spiriva or Incruse Ellipta

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to duration of member's membership with plan
Reauthorization	N/A

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Incruse Ellipta [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; June 2014.
2. Spiriva Handihaler [prescribing information]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; April 2014.
3. Tudorza Pressair [prescribing information]. St. Louis, MO: Forest Pharmaceuticals, Inc.; January 2014.
4. Seebri Neohaler [prescribing information]. East Hanover, NJ: Novartis; October 2015.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
Criteria update	*02/17, 02/18*
Annual review	*02/16*