Premier Health Plan

POLICY AND PROCEDURE

POLICY NUMBER: ***RX.PA.418.E***
REVISION DATE: ***N/A***

POLICY TITLE: ***Non-preferred Long-Acting Muscarinic Antagonist/Long Acting Beta Agonist Step***
DEPARTMENT: **Clinical Pharmacy Services- Utilization Management**
ORIGINAL DATE: **January 2016**

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/ Long Acting Beta Agonist.

Anoro Ellipta (Umeclidinium/vilanterol) is indicated for once-daily, long-term maintenance treatment of airflow obstruction in patients with chronic obstructive pulmonary disease (COPD).

Stiloto Respimat (Tiotropium/olodaterol) indicated for the long-term, once-daily maintenance treatment of airflow obstruction in patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and/or emphysema.

Utibron Neohaler (Indacaterol/glycopyrrolate) is indicated for the long-term, maintenance treatment of airflow obstruction in patients with chronic obstructive pulmonary disease (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/ long acting beta agonist 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 Anoro Ellipta or Stiolto Respimat

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

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. Stiolto Respimat [prescribing information]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; May 2015.
2. Anoro Ellipta [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; December 2013.
3. Utibron 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
Annual review	*02/17, 02/18*