

To: Jai Medical Providers
From: ProCare Rx
Date: September 30, 2022
Subject: Formulary Updates September 2022

Effective 10/1/2022, the following products will be added to the formulary

- Trelegy Ellipta (fluticasone furoate/ umeclidinium/ vilanterol) with a prior authorization requirement
- Optichamber with a quantity limit of 1 per 180 days [Formulary NDC codes 8373081311, 8373747800, 8373982300, 8373982600, 8373982700]
- Diclegis (doxylamine Succinate/ pyridoxine hydrochloride) with a quantity limit of 40 per 10 day supply

- **Trelegy PA Criteria**

INDICATION:

- (1) Maintenance treatment of asthma in patients 18 years of age and older
- (2) Maintenance treatment of patients with chronic obstructive pulmonary disease (COPD)

Criteria for Asthma:

- (a) Currently on, but not adequately controlled by an two (2) or more inhaled medium to high dose LABA+ICS for more than sixty (60) days; and
- (b) Patients must be reevaluated after 6 months

Criteria for COPD:

- (a) Currently on, but not adequately controlled by an two (2) or more inhaled medium to high dose LABA+ICS for more than sixty (60) days; and
- (b) Currently on, but not adequately controlled by an inhaled LAMA or LAMA+LABA for more than sixty (60) days
- (c) Patients must be reevaluated after 6 months

Effective 11/1/2022, the following products will have a change made to their coverage status – Brand products will be removed, though the generic counterparts will remain on the formulary:

- Flovent
- Advair
- Advair HFA
- Symbicort – For Symbicort generic version will be added to the formulary with the updated PA criteria described below.

Effective 11/1/2022, the following products will have a change made to their coverage status:

PA criteria for Fluticasone-Salmeterol (Wixela, generic Advair), Budesonide-

Formoterol (generic Symbicort), Striverdi, Serevent, and Anoro Ellipta will be updated as follows:

GENERIC: SALMETEROL / FLUTICASONE

BRAND: WIXELA®, SALMETEROL/FLUTICASONE (GENERIC ADVAIR)

INDICATION:

(1) Long-term, twice-daily maintenance treatment of asthma in patients 4 years of age and older.

(2) Maintenance treatment of airflow obstruction in patients with chronic obstructive pulmonary disease.

Criteria for Asthma:

(a) Currently on, but not controlled by an inhaled corticosteroid for more than sixty (60) days; and

(b) The patient must be reevaluated after 6 months

Criteria for COPD:

(a) Currently on, but not controlled by a LAMA for more than sixty (60) days; and

(b) The patient must be reevaluated after 6 months

GENERIC: BUDESONIDE/FORMOTEROL

BRAND: BUDESONIDE/FORMOTEROL (GENERIC SYMBICORT)

INDICATION:

(1) Maintenance treatment of asthma in patients 12 years of age and older

(2) Maintenance Treatment of Chronic Obstructive Pulmonary Disease

Criteria for Asthma:

(a) Currently on, but not controlled by an inhaled corticosteroid for more than sixty (60) days; and

(b) Patients must be reevaluated after 6 months

Criteria for COPD:

(a) Currently on, but not controlled by a LAMA for more than sixty (60) days; and

(b) The patient must be reevaluated after 6 months

GENERIC: OLODATEROL HCL

BRAND: STRIVERDI®

INDICATION:

(1) Maintenance Treatment of Chronic Obstructive Pulmonary Disease

Criteria for COPD:

(a) Currently on, but not controlled by a LAMA for more than sixty (60) days; and

(b) The patient must be reevaluated after 6 months

GENERIC: SALMETEROL XINAFOATE

BRAND: SEREVENT DISKUS®

INDICATIONS:

(1) Maintenance treatment of asthma and prevention of bronchospasm in adults and children 4 years of age and older

(2) Prevention of exercise-induced bronchospasm in patients 4 years of age and older

(3) Serevent Diskus® is indicated for the maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease

Criteria for Asthma:

- (a) Currently on, but not controlled by an inhaled corticosteroid for more than sixty (60) days; and
- (b) Patients must be reevaluated after 6 months

Criteria for COPD:

- (a) Currently on, but not controlled by a LAMA for more than sixty (60) days; and
- (b) The patient must be reevaluated after 6 months

GENERIC: UMECLIDINIUM BROMIDE/VILANTEROL RIFENATATE

BRAND: ANORO ELLIPTA®

INDICATION:

(1) Chronic obstructive pulmonary disease (COPD): maintenance of airflow obstruction in patients with COPD, including chronic bronchitis and emphysema.

Criteria for COPD:

- (a) Currently on, but not controlled by a LAMA for more than sixty (60) days; and
- (b) The patient must be reevaluated after 6 months

Providers can contact ProCare's Prior-Authorization Department at 800-555-8513 for assistance with PA requests or questions regarding clinical guidelines. Our PA Department is available Monday through Friday from 8:30 am-5:30 pm EST. For assistance with PA requests during non-business hours please contact our 24 hour customer service department at 800-213-5640.