



Partnership HealthPlan of California -- Asthma and COPD

| Drug | Cost per Unit AWP per RedBook *04/2020* | Source | FDA Indication | FDA Approved Age Limits (yrs) or PHC limit | Dosage Form | Formulary Status | PHC Restriction/Criteria (see formulary search tool for full criteria details). |
|--|---|---------|----------------|--|-------------|------------------|---|
| SHORT ACTING BETA AGONIST (SABA) | | | | | | | |
| Ventolin HFA® (Albuterol HFA, 18 gm) 90 mcg | \$62* | Generic | Asthma | ≥ 4 | MDI | F | Limited to 18 gm (1 inhaler) per 15 days. |
| ProAir HFA® (Albuterol HFA, 8.5 gm) 90 mcg | \$74* | Generic | Asthma | ≥ 4 | MDI | F | Limited to 8.5 gm (1 inhaler) per 15 days. |
| Proventil HFA® (Albuterol HFA, 6.7 gm) 90 mcg | \$74* | Generic | Asthma | ≥ 4 | MDI | F | Limited to 6.7 gm (1 inhaler) per 15 days. |
| ProAir RespiClick® (Albuterol) 90 mcg | \$75 | Brand | Asthma | ≥ 4 | DPI | F | Limited to 1 unit (1 inhaler) per 15 days. |
| ProAir Digihaler® (Albuterol, 1 unit) 90 mcg | \$176 | Brand | Asthma | ≥ 4 | DPI | NF | See formulary search tool for standard Non-Formulary Criteria. |
| Albuterol Sulfate 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml, | \$30/30* Vials (Ave. Cost) | Generic | Asthma | ≥ 2 | NS | F | 0.63 mg/3 ml & 1.25 mg/3 ml has a Limit of 270 ml (90 vials) per 25 days. 2.5 mg/3 ml has a limit of 225 ml (75 vials) per 25 days. |
| Albuterol Sulfate, concentrate 2.5 mg/0.5 ml, 5 mg/1 ml | \$58/20* ml | Generic | Asthma | ≥12 | NS | F | Limited to 40 ml per month. |
| Xopenex HFA® 45 mcg (Levalbuterol HFA) | \$74* | Generic | Asthma | ≥ 4 | MDI | STE | Prior fill of albuterol HFA products in the past 365 days. . |

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Code 1 Restriction: Code 1 medications are formulary, but the use is limited to a specific medical condition. Although Code 1 restricted drugs do not require a TAR when the Code 1 restriction is met, pharmacy providers must maintain documentation that t

Key to Restriction Abbreviations:

DPI = Dry Powder Inhaler MDI = Meter Dosed Inhaler NS = Nebulizing Solution STE = Step Therapy Requirement F = Formulary NF = Non-Formulary, TAR required C1 = Code 1 Restriction AL = Age Limit QL: Quantity Limit SQ = Subcutaneous Injection IV= Intravenous Injection * = Available at a much lower cost through PBM's generic discount program



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| SHORT ACTING BETA AGONIST (SABA) continued | | | | | | | |
| Xopenex® (Levalbuterol) 0.31 mg/3 ml, 0.63 mg/3 ml | \$161/25* vials | Generic | Asthma | ≥ 6 | NS | NF | Documentation of failure or intolerance solution to albuterol HFA w/spacer, albuterol nebulizer solution and levalbuterol HFA with spacer. |
| Xopenex® (Levalbuterol), 1.25 mg/3 ml, 1.25 mg/0.5 ml concentrate | \$180/30* vials | Generic | Asthma | ≥12 | NS | NF | |
| LONG ACTING BETA AGONIST (LABA) | | | | | | | |
| Serevent Diskus® 50 mcg (Salmeterol) | \$480 | Brand | Asthma/ COPD | ≥ 4 | DPI | C1 | Treatment of COPD, not on LABA product. For asthma, use combination ICS/LABA after ICS failure. |
| Brovana® (Arformoterol) 15 mcg/2 ml | \$1290/60 vials | Brand | COPD | ≥ 18 | NS | NF | Treatment of COPD with reason(s) why hand held inhalers cannot be used & failure to Serevent & Striverdi or Arcapta (TAR required). |
| Perforomist® (Formoterol Fumarate) 20 mcg/2 ml | \$1250/60 vials | Brand | COPD | ≥ 18 | NS | NF | |
| ULTRA LONG ACTING BETA AGONIST (ULTRA-LABA) | | | | | | | |
| Arcapta Neohaler® (Indacaterol) 75 mcg | \$309 | Brand | COPD | ≥ 18 | DPI | NF | Treatment of COPD with documen- tation of trial and failure to Striverdi. |
| Striverdi Respimat® (Olodaterol) 2.5 mcg | \$270 | Brand | COPD | ≥ 18 | MDI | C1 | Treatment of COPD with 1 inhaler per fill. |

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| INHALED CORTICOSTEROIDS (ICS) | | | | | | | |
| Aerospan HFA® (Flunisolide) 80 mcg | \$245 | Brand | Asthma | ≥ 6 | MDI | F | Allows up to 3 inhalers per 90 day supply |
| Alvesco® (Ciclesonide) 80 mcg, 160 mcg | \$329 | Brand | Asthma | ≥ 12 | MDI | F | |
| Arnuity Ellipta® (Fluticasone) 50 mcg, 100 mcg, 200 mcg | \$215 - \$287 | Brand | Asthma | ≥ 5 | DPI | F | |
| Asmanex HFA® (Mometasone) 50 mcg, 100 mcg, 200 mcg | \$213 - \$270 | Brand | Asthma | ≥ 5 | MDI | F | |
| Asmanex Twisthaler® (Mometasone) 110 mcg, 220 mcg | \$213 - \$387 | Brand | Asthma | ≥ 4 | DPI | F | |
| Flovent Diskus® (Fluticasone) 50 mcg, 100 mcg, 250 mcg | \$213 - \$310 | Brand | Asthma | ≥ 4 | DPI | F | |
| Pulmicort Flexhaler® (Budesonide) 90 mcg, 180 mcg | \$212 - \$284 | Brand | Asthma | ≥ 6 | DPI | F | |
| Qvar RediHaler® (Beclomethasone) 40 mcg, 80 mcg | \$228 - \$306 | Brand | Asthma | ≥ 4 | DPI | F | |

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| INHALED CORTICOSTEROIDS (ICS) continued | | | | | | | |
| Flovent HFA® (Fluticasone) 44 mcg, 110 mcg | \$231 - \$310 | Brand | Asthma | ≥ 4 | MDI | F | AL: ≤ 11 yrs Allows up to 3 inhalers per 90 day supply. |
| Flovent HFA® (Fluticasone) 220mcg | \$481 | Brand | Asthma | ≥ 4 | MDI | STE | Prior use of Flovent 44 mcg or 110 mcg in the past 6 months (180 days) before stepping up to 220 mcg. AL: ≤ 11 yrs |
| Pulmicort® (Budesonide) 0.25 mg/2 ml, 0.5 mg/2 ml, 1.0 mg/2 ml | \$314- \$740*/ 30 vials | Generic | Asthma | Between 1 - 8 | NS | F | Limit of 4 ml (2 vials) per day for 0.25 mg and 0.5 mg strengths. Limit of 2 ml (1 vial) per day for 1 mg strength. |
| ICS/LABA COMBINATION INHALERS | | | | | | | |
| Advair HFA® (fluticasone/ salmeterol) 45 mcg/21 mcg, 115 mcg/21 mcg, 230 mcg/ 21 mcg | \$380-\$622 | Brand | Asthma | ≥ 12 | MDI | NF | Documentation of failure to fluticasone/ salmeterol (generic AirDuo or generic Advair Diskus), Symbicort & Dulera. |

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| ICS/LABA COMBINATION INHALERS | | | | | | | |
| Advair Diskus® (Fluticasone/ Salmeterol and Wixela Inhub) 100 mcg/50 mcg, 200 mcg/ 50 mcg, 500 mcg/50 mcg | \$119* | Generic | Asthma/ COPD | ≥ 4 | DPI | F | Allows up to 3 inhalers per 90 day supply |
| AirDuo RespiClick® (Fluticasone/salmeterol) 55 mcg/14 mcg, 113 mcg/ 14 mcg, 232 mcg/14 mcg | \$119* | Generic | Asthma | ≥ 12 | DPI | F | |
| Dulera® (Mometasone/ Fomoterol) 100 mcg/5 mcg, 200 mcg/5 mcg | \$374 | Brand | Asthma/ COPD | ≥ 5 | MDI | F | |
| Symbicort® (Budesonide/ Formoterol) 80 mcg/4.5 mcg, 160 mcg/4.5 mcg | \$352 -\$401* | Generic | Asthma/ COPD | ≥ 6 | MDI | F | |
| Breo Ellipta® (Fluticasone Furoate/Vilanterol) 100 mcg/ 25 mcg, 200 mcg/25 mcg | \$434 | Brand | Asthma/ COPD | ≥ 18 | DPI | NF | Documentation of failure to fluticasone/ salmeterol (generic AirDuo or generic Advair Diskus), Symbicort & Dulera. |

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| SHORT ACTING MUSCARINIC ANTAGONIST (SAMA) | | | | | | | |
| Atrovent HFA® (Ipratropium), 17 mcg | \$494 | Brand | COPD | ≥ 18 | MDI | F | Limited to 1 inhaler per 30 days. |
| Atrovent Solution® (Ipratropium) 0.5 mg/ 2.5 ml (0.02%) | \$110/60* vials | Generic | COPD | ≥ 18 | NS | F | Limited to 6 vials per day or 540 ml per 30 days. |
| LONG ACTING MUSCARINIC ANTAGONIST (LAMA) | | | | | | | |
| Increase Ellipta® (Umeclidinium Bromide) 62.5 mcg | \$413 | Brand | COPD | ≥ 18 | DPI | C1 | For the treatment of COPD. |
| Seebri Neohaler® (Glycopyrrolate) 15.6 mcg | \$473 | Brand | COPD | ≥ 18 | DPI | STE | Prior fills of Spiriva HandiHaler (STE therapy required) or Spiriva Respimat, Increase Ellipta or Tudorza Pressair in the past 120 days. |
| Spiriva HandiHaler® (Tiotropium) 18mcg | \$546 | Brand | COPD | ≥ 18 | DPI | STE | Previous claim for Spiriva Respimat in the last 180 days. |
| Spiriva Respimat ® (Tiotropium) 1.25 mcg, 2.5 mcg | \$546 | Brand | Asthma/ COPD | ≥ 6 | MDI | F | Allows up to 3 inhalers per 90 day supply |

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| LONG ACTING MUSCARINIC ANTAGONIST (LAMA) continued | | | | | | | |
| Tudorza Pressair® (Aclidinium bromide) 400 mcg | \$686 | Brand | COPD | ≥ 18 | DPI | STE | Previous claim of Spiriva Respimat or Spiriva HandiHaler in the past 90 days. |
| Lonhala Magnair® (Glycopyrrolate) 25 mcg/ ml | \$1,359/60 vials | Brand | COPD | ≥ 18 | NS | NF | For treatment of COPD with reasons why hand held inhalers cannot be used & failure to Seebri Neohaler (STE required). |
| Yupelri® (Revefenacin) 175 mcg/3 ml | \$1,280/30 vials | Brand | COPD | ≥ 18 | NS | NF | |
| SAMA/SABA COMBINATION | | | | | | | |
| Combivent Respimat® (Ipratropium/albuterol) 20 mcg/100 mcg | \$512 | Brand | COPD | ≥ 18 | MDI | F | Limit of up to 4 gm (1 inhaler) per 20 days. |
| Duoneb® (ipratropium/ albuterol) 0.5 mg/2.5 mg/3 ml | \$132/60* vials | Generic | COPD | ≥ 18 | NS | F | Limited to up to 270 ml (90 vials) per 25 day supply. |

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| LAMA/LABA COMBINATION | | | | | | | |
| Anoro Ellipta® (Umeclidinium/Vilanterol) 62.5 mcg/25 mcg | \$506 | Brand | COPD | ≥ 18 | DPI | C1 | For the treatment of COPD. Limited up to 1 unit per 30 days. |
| Bevespi Aerosphere HFA (Formoterol Fumarate/ Glycopyrrolate) 9 mcg/4.8 mcg | \$438 | Brand | COPD | ≥ 18 | MDI | C1 | For the treatment of COPD. Limited up to 1 unit per 30 days. |
| Stiolto Respimat® (Tiotropium Bromide/ Olodaterol) 2.5 mcg/2.5 mcg | \$506 | Brand | COPD | ≥ 18 | MDI | C1 | For the treatment of COPD. Limited up to 4 gm (1 inhaler) per 30 days. |
| Utibron Neohaler® (Indacaterol/Glycopyrrolate) 27.5 mcg/15.6 mcg | \$441 | Brand | COPD | ≥ 18 | DPI | C1 | For the treatment of COPD. Limited up to 1 unit per 30 days. |
| LAMA/LABA/ICS COMBINATION | | | | | | | |
| Trelegy Ellipta® (Umeclidinium, Vilanterol, Fluticasone Furoate) 100 mcg/62.5 mcg/25 mcg | \$688 | Brand | COPD | ≥ 18 | DPI | STE | Prior claims for LABA/ICS OR LAMA/LABA in the past 90 days. Limited to 1 unit per month. |

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| MAST CELL STABILIZER | | | | | | | |
| Intal® (Cromolyn) 20 mg/2 ml | \$855/60* vials | Generic | Asthma | ≥ 2 | NS | F | |
| LEUKOTRIENE RECEPTOR ANTAGONIST (LRT) | | | | | | | |
| Singulair® (Montelukast) 10 mg tablets | \$170/30* tablets | Generic | Asthma | ≥ 15 | Oral | F | |
| Singulair® (Montelukast) 4 mg chewable tablets | \$170/30* tablets | Generic | Asthma | ≥ 6 | Oral | F | |
| Singulair® (Montelukast) 5 mg chewable tablets | \$170/30* tablets | Generic | Asthma | ≥ 2 | Oral | F | |
| Singulair® (Montelukast) 4 mg oral granules | \$180/30* packets | Generic | Asthma | ≥ 1 | Oral | C1 | For treatment of asthma or allergic Rhinitis in children unable to chew and swallow chewable montelukast. |
| Accolate® (Zafirlukast) 10 mg, 20 mg tablets | \$115/30* tablets | Generic | Asthma | ≥ 5 | Oral | STE | Prior claim for montelukast in the past 120 days. |
| MONOCLONAL ANTIBODIES TO IMMUMOGLOBULIN E (IgE) | | | | | | | |
| Xolair® (Omalizumab) 75 mg/0.5 ml, 150 mg/ml | \$1,354/ml | Brand | Asthma | ≥ 6 | SQ | NF | See formulary search tool for full Criteria. |

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| MONOCLONAL ANTIBODY- INTERLEUKIN-5 (IL-5) ANTAGONIST | | | | | | | |
| Cinqair® (Reslizumab) 100 mg/10 ml | \$1,118/10 ml | Brand | Asthma | ≥ 18 | IV | NF | See formulary search tool for full Criteria. |
| Nucala® (Mepolizumab) 100 mg/ml | \$3,625/ml | Brand | Asthma | ≥ 6 | SQ | NF | |
| MONOCLONAL ANTIBODY - INTERLEUKIN-5 (IL-5) RECEPTOR ALPHA ANTAGONIST | | | | | | | |
| Fasenra® (Benralizumab) 30 mg/ml | \$5,963/ml | Brand | Asthma | ≥ 12 | SQ | NF | See formulary search tool for full Criteria. |
| MONOCLONAL ANTIBODY – INTERLEUKIN – 4 (IL-4) RECEPTOR ALPHA ANTAGONIST | | | | | | | |
| Dupixent® (Dupilumab) 200 mg/1.14 ml, 300 mg/2 ml | \$933/ml | Brand | Asthma | ≥ 12 | SQ | NF | See formulary search tool for full Criteria. |

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