

Partnership HealthPlan of California -- Asthma and COPD Pharmacotherapy

Drug	Cost per unit (AWP per RedBook) *10/2018*	FDA Indication: Asthma (A)	FDA Indication: Asthma/COPD	FDA Indication: COPD	Formulary Status	PHC C-1	PHC Step	PHC Restrictions/Criteria
SHORT ACTING BETA AGONIST (SABA)								
Ventolin (albuterol) HFA	AWP: \$64.50		X		F			Quantity limit (QL): 18gm per 15 days or up to 2 units per month.
ProAir (Albuterol) RespiClick	AWP: \$67.44		X		F			QL: up to 2 units per month
Albuterol Sulfate 0.63mg/3ml, 1.25mg/3ml, 2.5mg/3ml nebulizing soln	AWP per 25 vials:		X		F			QL only 2.5mg/3ml nebulizer solution: 225ml/25 days
Albuterol Sulfate 2.5mg/0.5ml, 5mg/ml nebulizing soln	AWP per 20ml: \$40.00		X		F			QL: 40ml/25 days
Levalbuterol HFA (Xopenex HFA)	AWP: \$73.70		X		NF			Requires trial and failure (t/f) to Ventolin HFA with a spacer.
Levalbuterol (Xopenex) 0.63/3ml, 1.25/3ml 1.25mg/0.5ml nebulizing soln	AWP per 24 vials: \$160.92 - \$161.04 AWP per 1.25mg/0.5ml for 30 vials: \$201.00		X		NF			Requires t/f to Ventolin HFA with a spacer AND failure with non-formulary levalbuterol (Xopenex HFA) with spacer.
ProAir (Albuterol) HFA	AWP: \$71.48		X		NF			Trial and failure with both Ventolin HFA AND ProAir RespiClick with Spacer (with or without mask), if applicable. QL: 1 inhaler/15 days
Proventil (Albuterol) HFA	AWP: \$95.68		X					

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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 the

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LONG ACTING BETA AGONIST (LABA)								
Serevent (Salmeterol) Diskus	AWP: \$451.49			X	F	X		C1: Limited to the treatment of COPD in members not on another concurrent LABA-containing product. For Asthma, use combination LABA-ICS after ICS (inhaled corticosteroid) failure (eg, fluticasone/salmeterol (AirDuo), Dulera, Symbicort).
Brovana (Arformoterol Tartrate) 15mcg/2ml nebulizing soln	AWP for #60 vials: \$1164.96			X	NF			Documentation of physical inability to use hand-held metered dose inhaler OR documentation of t/f with Long Acting Beta 2 adrenergic inhaler Serevent AND Ultra Long Acting Beta 2 adrenergic inhalers, Striverdi Respimat or Arcapta Neohaler (TAR required). AL: >= 18yrs
Perforomist (Formoterol Fumarate) 20mcg/2ml nebulizing soln	AWP for #60 vials: \$1166.70			X	NF			
ULTRA LONG ACTING BETA AGONIST (Ultra-LABA)								
Striverdi (Olodaterol) Respimat	AWP: \$235.37			X	F	X		C1: COPD QL: 1 unit/30 days AL: 18 years and older
Arcapta (Indacaterol Maleate) Neohaler	AWP: \$309.24			X	NF			Documentation of t/f of or contraindication to preferred Olodaterol (Striverdi).

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INHALED CORTICOSTEROIDS (ICS)								
Aerospan (Flunisolide) HFA	AWP: \$245.10	X			F			QL: 1 unit/month
Alvesco (Ciclesonide) Aerosol 80mcg, 160mcg	AWP: \$301.88	X			F			
Arnuity (Fluticasone) Ellipta 100mcg, 200mcg (Long acting QD dosing)	AWP: \$202.20 - \$270.71	X			F			
Asmanex (Mometasone Furoate) HFA 100mcg, 200mcg	AWP: \$191.36 - \$229.63 - \$269.88	X			F			
Asmanex (Mometasone Furoate) Twisthaler 110mcg, 220mcg	AWP: \$177.39- \$212.87 - \$386.52	X			F			
ArmonAir RespiClick (Fluticasone Propionate) 55mcg, 113mcg, 232mcg	AWP: \$203.14 - \$271.99	X			F			

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INHALED CORTICOSTEROIDS (ICS)								
Flovent (Fluticasone) Diskus 50mcg, 100mcg, 250mcg	AWP: \$206.78-\$291.95	X			F			
Flovent (Fluticasone) HFA 44mcg, 110mcg, 220mcg	AWP: \$218.08-\$453.47	X			F			
Qvar(Beclomethasone Dipropionate) 40mcg, 80mcg	AWP: \$203.14 - \$271.99	X			F			
Budesonide (Pulmicort) 0.25mg/2ml, 0.5mg/2ml, 1.0mg/2ml nebulizing soln	AWP for 30 vials: \$171.00 -\$692.43	X			F	X		C1: Asthma AL: 1-8 yrs QL for 0.25mg/2ml and 0.5mg/2ml: 4ml per day QL for 1.0mg/2ml: 2ml per day
ICS/LABA COMBINATION INHALERS								
Fluticasone/Salmeterol (AirDuo equivalent) 55mcg/14mcg, 113mcg/14mcg, 232mcg/14mcg	AWP: \$119.25	X			F			QL: 1 inhaler/30 days

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ICS/LABA COMBINATION INHALERS								
Dulera (Mometasone Furoate/Formoterol Fumarate) 100mcg/5mcg, 200mcg/5mcg	AWP: \$373.62		X		F		X	STE: COPD -prior use of LAMA, LABA OR Asthma - prior use of preferred formulary/step fluticasone/salmeterol (generic AirDuo). Prior use within the past 120 days.
Symbicort (Budesonide/Formoterol Fumarate) 80mcg/4.5mcg, 160mcg/4.5mcg	AWP: \$343.50-\$392.64		X		F		X	
Advair (Fluticasone Propionate/Salmeterol) Diskus 100mcg/50mcg, 250mcg/50mcg, 500mcg/50mcg	AWP: \$380.46 -\$621.72		X		NF			COPD: T/F with preferred formulary/step products, Symbicort AND Dulera (accepted off label use for COPD). (2) Verification of compliance with confirmation of use by PHC claims or fill history submitted. (3) Symptom assessment while on preferred formulary/step products. Asthma: T/F with preferred formulary/step fluticasone/salmeterol (generic AirDuo) AND formulary/step products, Symbicort AND Dulera. Verification of compliance with confirmation of use by PHC claims or fill history submitted. Symptom assessment while on formulary
Advair (Fluticasone Propionate/Salmeterol) HFA 45mcg/21mcg, 115mcg/21mcg, 230mcg/21mcg	AWP: \$380.46 -\$ 621.72		X		NF			

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SHORT ACTING MUSCARINIC ANTAGONIST (SAMA)								
Atrovent (Ipratropium) HFA	AWP: \$431.22		X		F			QL: 2 inhalers/30days
Ipratropium Bromide 0.02% soln for inhalation	AWP for 2.5ml, #30 vials: \$39.60 - \$67.09		X		F			QL: 20ml/day
LONG ACTING MUSCARINIC ANTAGONIST (LAMA)								
Incruse (Umeclidinium Bromide) Ellipta	AWP: \$388.87			X	F	X		C1: COPD
Lonhala Magnair 25mcg/ml and 25mg/mcg/ml	AWP: \$1359.36 for 60 vials			X	NF			Diagnosis of moderate to severe COPD. T/F with formulary/STE Seebri Neohaler or documented inability to use a hand held inhaler. AL: >= 18yrs
Tudorza (Aclidinium Bromide) Pressair	AWP: \$409.81			X	F	X		C1: COPD AL: >= 18yrs
Spiriva (Tiotropium) Respimat 1.25mcg, 2.5mcg	AWP: \$477.19		X		F			QL: 1 unit/30 days.
Spiriva (Tiotropium) HandiHaler			X		F		X	STE: Previous claim for Spiriva Respimat in the last 180 days.

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SAMA/SABA COMBINATION								
Combivent Respimat (Ipratropium/albuterol)	AWP per 4gm: \$447.01			X	F			QL: 4gm/20 days
Ipratropium/albuterol 0.5mg/3mg/3ml nebulizing soln	AWP per 60 vials: \$65.61 - \$131.22			X	F			
LAMA/LABA COMBINATION								
Anoro (Umeclidinium/Vilanterol) Ellipta	AWP: \$477.19			X	X	F	X	
Bevespi (Formoterol Fumarate/Glycopyrrolate) Aerosphere	AWP: \$425.64			X	X	F	X	
Stiolto (Tiotropium Bromide/Olodaterol) Respimat	AWP: \$441.84			X	X	F	X	
Utibron (Indacaterol/Gly- copyrrolate) Neohaler	AWP: \$357.60 - \$440.40			X	X	F	X	

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LAMA/LABA/ICS COMBINATION								
Trelegy (Umeclidinium, Vilanterol, Fluticasone Furoate) Ellipta	AWP: \$636.00				F		X	STE: Prior fills of LAMA/LABA or LABA/ICS in the past 90 days.
MAST CELL STABILIZER								
Cromolyn 20mg/2ml nebulizing soln	AWP for 60 vials: \$407.89 - \$1301.40	X			F			
LEUKOTRIENE RECEPTOR ANTAGONIST (LRT)								
Montelukast (Singular) 4mg, 5mg chewable, 10mg tablet	AWP per 30 tablets: \$169.80	X			F			
Montelukast (Singular) 4mg oral granules	AWP per 30 packets: \$179.53	X			NF			Documentation of reason(s) why Formulary alternatives include montelukast chewable & oral tablets cannot be used.
Zafirlukast (Accolate) 10mg, 20mg tablets	AWP per 60 tablets: \$107.36 - \$122.88	X			F		X	STEP: Requires claim for montelukast in last 120 days.

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MONOCLONAL ANTIBODIES TO IMMUMOGLOBULIN E (IgE)								
Xolair (Omalizumab) SQ injection	AWP per 1 vial (150mg): \$1301.59	X			NF			Documentation of moderate to severe allergy related asthma inadequately controlled with high- dose inhaled corticosteroid in combination with a 2nd asthma controller (LA beta-agonist or leukotriene modifier) for at least 3 months. Must be prescribed by an allergy or pulmonary medicine specialist and member must have a documented positive skin prick/RAST test to a perennial aeroallergen.
MONOCLONAL ANTIBODY- INTERLEUKIN-5 (II-5) ANTAGONIST								
Cinqair (Reslizumab) IV Injection	AWP per 1 vial (10mg): \$1075.20	X			NF			No current criteria. Would currently follow Xolair criteria in regards to documentation of moderate to severe asthma with compliant use of high dose ICS with second controller and to confirm eosinophilic asthma.
Fasenra (Benralizumab) SQ Injection	AWP per 1 vial (30mg): \$5,702.53	X			NF			
Dupixent (Dupilumab) Injection	AWP per 200mg vial: \$1542.92 300mg vial: \$879.46	X			NF			
Nucala (Mepolizumab) SQ Injection	AWP per 1 vial (100mg): \$3442.40	X			NF			

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