### Executive Summary

**Purpose:** The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

**Why Issue Selected:** Chronic obstructive pulmonary disease (COPD) is a lung disease that encompasses chronic bronchitis and emphysema. COPD is a major cause of death and illness throughout the world and is third leading cause of death in the United States. Cigarette smoking is the most common cause of COPD, however breathing in lung irritants, like pollution, dust or chemicals over a long period of time may also cause or contribute to the disease. There is no cure for COPD, but treatment can alleviate symptoms, decrease the frequency and severity of exacerbations and increase exercise tolerance. The 2020 Global Initiative for Chronic Obstructive Lung Disease (GOLD) guidelines provide evaluation and treatment of patients with moderate to severe COPD (FEV1 < 80% of predicted normal and FEV1/FVC < 70%). Treatment includes short-acting muscarinic antagonists, long-acting beta-agonists, long-acting muscarinic agents, and inhaled corticosteroids which are the mainstays of therapy for COPD.

Total program savings for the PDL classes will be regularly reviewed.

### Program-Specific Information:

<table>
<thead>
<tr>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Atrovent HFA®</td>
<td>• Anoro Ellipta®</td>
</tr>
<tr>
<td>• Bevespi Aerosphere™</td>
<td>• Daliresp®</td>
</tr>
<tr>
<td>• Combivent Respimat®</td>
<td>• Duaklir® Pressair®</td>
</tr>
<tr>
<td>• Ipratropium Soln</td>
<td>• Incruse Ellipta®</td>
</tr>
<tr>
<td>• Ipratropium-Albuterol</td>
<td>• Lonhala™ Magnair™</td>
</tr>
<tr>
<td>• Spiriva HandiHaler®</td>
<td>• Seebri Neohaler®</td>
</tr>
<tr>
<td>• Stiolto Respimat®</td>
<td>• Spiriva Respimat®</td>
</tr>
<tr>
<td>• Anoro Ellipta®</td>
<td>• Trelegy Ellipta®</td>
</tr>
<tr>
<td>• Daliresp®</td>
<td>• Tudorza Pressair®</td>
</tr>
<tr>
<td>• Duaklir® Pressair®</td>
<td>• Utibron Neohaler®</td>
</tr>
<tr>
<td>• Incruse Ellipta®</td>
<td>• Yupelri™</td>
</tr>
</tbody>
</table>

### Type of Criteria:
- ☒ Preferred Drug List
- ☐ Increased risk of ADE
- ☐ Appropriate Indications

### Data Sources:
- ☒ Databases + Prescriber-Supplied
- ☐ Only Administrative Databases
- ☐ Clinical Edit
**Setting & Population**

- Drug class for review: COPD Anticholinergic Agents
- Age range: All appropriate MO HealthNet participants

**Approval Criteria**

- Documented compliance on current therapy regimen OR
- Failure to achieve desired therapeutic outcomes with trial on 3 or more preferred agents
  - Documented trial period of preferred agents OR
  - Documented ADE/ADR to preferred agents AND
- For Trelegy Ellipta: documented trial with 3 or more preferred agents, including 1 preferred LAMA-LABA agent OR
- For Anoro Ellipta: documented trial with 3 or more preferred agents, including 2 preferred LAMA-LABA agents

**Denial Criteria**

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Claim exceeds maximum dosing limitation for the following:

<table>
<thead>
<tr>
<th>Drug Description</th>
<th>Generic Equivalent</th>
<th>Max Dosing Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMBIVENT RESPIMAT</td>
<td>IPRATROPIUM/ALBUTEROL</td>
<td>6 sprays per day</td>
</tr>
</tbody>
</table>

**Required Documentation**

- Laboratory Results: □ □
- Progress Notes: □ □
- MedWatch Form: □ □
- Other: □ □

**Disposition of Edit**

Denial: Exception Code “0160” (Preferred Drug List)
Rule Type: PDL

**Default Approval Period**

1 year

**References**

5. USPDI, Micromedex; 2020.
6. Facts and Comparisons eAnswers (online); 2020 Clinical Drug Information, LLC.