

QUANTITY LIMIT CRITERIA

DRUG CLASS ANTICHOLINERGIC, COMBINATION, AND MAST CELL
STABILIZER
ORAL INHALATION

BRAND NAME
(generic)

ATROVENT HFA
(ipratropium)

COMBIVENT RESPIMAT
(ipratropium/albuterol)

(cromolyn inhalation solution)

INCRUSE ELLIPTA
(umeclidinium)

(ipratropium inhalation solution)

(ipratropium/albuterol inhalation solution)

LONHALA MAGNAIR
(glycopyrrolate inhalation solution)

SEEBRI NEOHALER
(glycopyrrolate)

SPIRIVA HANDIHALER
(tiotropium)

SPIRIVA RESPIMAT
(tiotropium)

TUDORZA PRESSAIR
(aclidinium)

Status: CVS Caremark Criteria
Type: Quantity Limit

Anticholinergic,Comb,MastCell QLimit

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POLICY

FDA-APPROVED INDICATIONS

Atrovent HFA

Atrovent HFA Inhalation Aerosol is indicated as a bronchodilator for maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema.

Combivent Respimat

Combivent Respimat is indicated for use in patients with chronic obstructive pulmonary disease (COPD) on a regular aerosol bronchodilator who continue to have evidence of bronchospasm and who require a second bronchodilator.

Cromolyn Inhalation Solution

Cromolyn sodium inhalation solution, USP is a prophylactic agent indicated in the management of patients with bronchial asthma. In patients whose symptoms are sufficiently frequent to require a continuous program of medication, cromolyn sodium inhalation solution, USP is given by inhalation on a regular daily basis. The effect of cromolyn sodium is usually evident after several weeks of treatment, although some patients show an almost immediate response. In patients who develop acute bronchoconstriction in response to exposure to exercise, toluene diisocyanate, environmental pollutants, etc, cromolyn sodium should be given shortly before exposure to the precipitating factor.

Incruse Ellipta

Incruse Ellipta is 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.

Ipratropium Inhalation Solution

Ipratropium Bromide Inhalation Solution administered either alone or with other bronchodilators, especially beta adrenergics, is indicated as a bronchodilator for maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease, including chronic bronchitis and emphysema.

Ipratropium Bromide / Albuterol Sulfate inhalation solution

Ipratropium bromide and albuterol sulfate inhalation solution is indicated for the treatment of bronchospasm associated with COPD in patients requiring more than one bronchodilator.

Lonhala Magnair

Lonhala Magnair indicated for the long-term maintenance treatment of airflow obstruction in patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and/or emphysema.

Seebri Neohaler

Seebri Neohaler 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.

Spiriva HandiHaler

Spiriva HandiHaler (tiotropium bromide inhalation powder) is indicated for the long-term, once daily, maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema. Spiriva HandiHaler is indicated to reduce exacerbations in COPD patients.

Spiriva Respimat

Maintenance Treatment of Chronic Obstructive Pulmonary Disease

Spiriva Respimat (tiotropium bromide) is indicated for the long-term, once-daily, maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema. Spiriva Respimat is indicated to reduce exacerbations in COPD patients.

Maintenance Treatment of Asthma

Spiriva Respimat is a bronchodilator indicated for the long-term, once-daily, maintenance treatment of asthma in patients 6 years of age and older.

Tudorza Pressair

Tudorza Pressair (acridinium bromide inhalation powder) is indicated for the long-term, maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema.

REFERENCES

1. Atrovent HFA [package insert]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; August 2012.
2. Combivent Respimat [package insert]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; June 2016.
3. Cromolyn Inhalation Solution [package insert]. North Wales, PA: Teva Pharmaceuticals USA, INC.; October 2015.
4. Incruse Ellipta [package insert]. Research Triangle Park, NC: GlaxoSmithKline; February 2016.
5. Ipratropium Inhalation Solution [package insert]. Morgantown, WV: Mylan Pharmaceuticals Inc.; May 2013.
6. Ipratropium Bromide /Albuterol Sulfate Inhalation Solution [package insert]. North Wales, PA: Teva Pharmaceuticals USA, INC.; November 2015.
7. Seebri Neohaler [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; January 2016.
8. Spiriva Handihaler [package insert]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; February 2017.
9. Spiriva Respimat [package insert]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; June 2016.
10. Tudorza Pressair [package insert]. St. Louis, MO: Forest Pharmaceuticals, Inc.; March 2016.
11. Lonhala Magnair [package insert]. Marlborough, MA: Sunovion Pharmaceuticals Inc.; December 2017.

LIMIT CRITERIA				
Medication*	Maintenance Dose	Maximum Daily Dose	Package Size	1 Month Limit* 3 Months Limit*
Atrovent HFA	2 inhalations four times daily	12 inhalations	200 inhalations per 12.9gm canister	2 packages (12.9gm each) / 25 days 6 packages (12.9gm each) / 75 days
Combivent Respimat	1 inhalation four times daily	6 inhalations	120 inhalations per 4gm cartridge	2 packages (4gm each) / 25 days 6 packages (4gm each) / 75 days
Cromolyn Inhalation Solution	nebulization of 1 vial (2mL) four times daily	4 vials (2mL each)	60 vials (2mL each) per carton 120 vials (2mL each) per carton	2 packages (120 vials x 2mL) / 25 days 6 packages (360 vials x 2mL) / 75 days 1 package (120 vials x 2mL) / 25 days 3 packages (360 vials x 2mL) / 75 days
Incruse Ellipta	1 inhalation once daily	1 inhalation	30 blisters per inhaler	1 package (30 blisters) / 25 days 3 packages (90 blisters) / 75 days
Ipratropium Inhalation Solution, 0.02%	nebulization of 1 vial (2.5 mL)	4 vials (2.5mL each)	25 vials (2.5mL each) per pouch 30 vials (2.5mL each)	5 packages (125 vials x 2.5mL) / 25 days

	three-four times daily		per pouch 60 vials (2.5mL each) per carton (2 pouches)	15 packages (375 vials x 2.5mL) / 75 days 4 packages (120 vials x 2.5mL) / 25 days 12 packages (360 vials x 2.5mL) / 75 days 2 packages (120 vials x 2.5mL) / 25 days 6 packages (360 vials x 2.5mL) / 75 days
Ipratropium Bromide / Albuterol Sulfate inhalation solution	nebulization of 1 vial (3mL) four times daily	6 vials (3mL each)	30 vials (3mL each) per carton 60 vials (3mL each) per carton	6 packages (180 vials x 3mL) / 25 days 18 packages (540 vials x 3mL) / 75 days 3 packages (180 vials x 3mL) / 25 days 9 packages (540 vials x 3mL) / 75 days
Lonhala Magnair Starter and Refill Kit	1 inhalation twice daily	2 inhalations	60 vials (1mL each) (2 vials in each pouch, 30 pouches in each box) per kit	1 package (60 vials) / 25 days 3 packages (180 vials) / 75 days
Seebri Neohaler	1 inhalation twice daily	2 inhalations	60 capsules per box	1 package (60 capsules) / 25 days 3 packages (180 capsules / 75 days
Spiriva HandiHaler	inhalations of the powder contents of 1 capsule once daily	1 capsule	30 capsules per carton 90 capsules per carton	1 package (30 capsules) / 25 days 3 packages (30 capsules each) / 75 days 1 package (90 capsules) / 75 days
Spiriva Respimat	2 inhalations once daily	2 inhalations	60 inhalations per 4gm cartridge	1 package (4gm) / 25 days 3 packages (4gm each) / 75 days
Tudorza Pressair	1 inhalation twice daily	2 inhalations	30 inhalations per inhaler 60 inhalations per inhaler	2 packages / 25 days 6 packages / 75 days

				1 package / 25 days 3 packages / 75 days
<p><i>*The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.</i></p> <p><i>*The limit criteria apply to both brand and generic, if available.</i></p>				