COPD
Effective July 01, 2017

Plan	☒ MassHealth ☐Commercial/Exchange	**Program Type**	☐ Prior Authorization ☐ Quantity Limit ☒ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations	N/A		
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

Initial Step-Therapy Requirements:
First-Line: Medications listed on first-line are covered without prior-authorization.
Second-Line: Second-line medications will pay if the member has filled both first-line medications or a second-line medication within the past 180 days.

Coverage Guidelines

FIRST-LINE	SECOND-LINE
Spiriva Respimat Incruse Ellipta	Spiriva Handihaler Tudorza Pressair

If a member does not meet the initial step therapy requirements, then approval of a second-line medication will be granted if the member meets the following criteria:

1. The member has a diagnosis of chronic obstructive pulmonary disease (COPD) **AND**
2. The member has tried Spiriva Respimat and had a documented inadequate response, side effect, allergy or contraindication **AND**

3. The member has tried Incruse Ellipta and had a documented inadequate response, side effect, allergy or contraindication

Limitations

1. Approvals will be granted for 36 months.

References

N/A

Review History

04/24/17 – Reviewed

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