

**CRITERIA FOR PRIOR AUTHORIZATION**

Inhaled LABA/Anticholinergic Combination

**PROVIDER GROUP** Pharmacy

**MANUAL GUIDELINES** The following drug requires prior authorization:  
Indacaterol/Glycopyrrolate (Utibron Neohaler)  
Tiotropium/Olodaterol (Stiolto Respimat)  
Umeclidinium/Vilanterol (Anoro Ellipta)  
Glycopyrrolate/Formoterol (Bevespi Aersosphere)

**CRITERIA FOR PRIOR AUTHORIZATION FOR INHALED LABA/ANTICHOLINERGIC COMBINATIONS:** (must meet all of the following)

- Patient must have a diagnosis of chronic obstructive pulmonary disease (COPD)
- Patient must be 18 years of age or older

**LENGTH OF APPROVAL:** 12 months

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DRUG UTILIZATION REVIEW COMMITTEE CHAIR

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PHARMACY PROGRAM MANAGER  
DIVISION OF HEALTH CARE FINANCE  
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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