Commercial/Healthcare Exchange PA Criteria

Effective: July 1st, 2019

Prior Authorization: Tudorza Pressair (aclidinium bromide)

Products Affected: Tudorza Pressair Inhalation Aerosol Powder: 400 MCG/1 Actuation

Medication Description: Aclidinium bromide is an inhaled long-acting muscarinic antagonist (LAMA). It is given twice daily for the long-term maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema.

Covered Uses: Chronic Obstructive Pulmonary Disease (COPD)

Exclusion Criteria:

1. Acute Use

Required Medical Information:

1. Diagnosis
2. Past medication trials

Age Restrictions: 18 years of age and older

Prescriber Restrictions: N/A

Coverage Duration: 12 Months

Other Criteria: Coverage of Tudorza is recommended in those who meet the following criteria:

Food and Drug Administration (FDA)-Approved Indications:

Chronic Obstructive Pulmonary Disease (COPD)

1. Patient is 18 years of age or older and has a diagnosis of COPD; **AND**
2. Patient has had an adequate trial, and failure or intolerance to, Spiriva/Spiriva Respimat AND Incruse Ellipta

References:

1. Product Information: TUDORZA(R) PRESSAIR(R) inhalation powder, aclidinium bromide inhalation powder. AstraZeneca Pharmaceuticals LP (per FDA), Wilmington, DE, 2019.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	7/1/2019
2	Update	Added Spiriva Respimat AND Incruse Ellipta as preferred agents	Other Criteria	3/17/2021