State of Vermont
Department of Vermont Health Access
NOB 1 South, 280 State Drive
Waterbury, VT 05671-1010

Agency of Human Services
[Phone] 802-879-5900
[Fax] 802-241-0268

Important Medicaid Pharmacy Program Notice

Combivent® Respimat® Moving to PA Required 1/1/18

Dear Medicaid Provider,

The Department of Vermont Health Access is moving COMBIVENT® RESPIMAT® (ipratropium bromide and albuterol) to a non-preferred status on the Medicaid Preferred Drug List with PA required **effective January 1, 2018**. Patients currently using COMBIVENT RESPIMAT® will have a 90-day grace period to transition to another preferred product(s) on the PDL. Effective April 1, 2018, all users will require a preferred product or prescribers will need to submit a prior authorization for continued use of COMBIVENT RESPIMAT®.

COMBIVENT® RESPIPMAT® is indicated for the treatment of chronic obstructive pulmonary disease (COPD) in patients on a regular aerosol bronchodilator who continue to have evidence of bronchospasms and who require a second bronchodilator. The administration is 1 inhalation (ipratropium bromide 20 mcg/albuterol base 100 mcg [albuterol sulfate 120 mcg] per inhalation) orally four times daily with a maximum dose of six inhalations per 24 hours.

Recently updated guidelines from the Global Initiative for Chronic Obstructive Lung Disease (GOLD) state that "Almost all patients with COPD who experience more than occasional dyspnea should be prescribed long acting bronchodilator therapy. This could be a long-acting beta agonist (LABA), a long acting muscarinic antagonist (LAMA), or both. Patients with persistent COPD symptoms while taking one long-acting bronchodilator should be prescribed two (or a combination agent containing two long acting bronchodilators)." Preferred long-acting agents include SEREVENT® DISKUS (salmeterol xinafoate), SPIRIVA® HANDIHALER (tiotropium), and a LABA/LAMA combination BEVESPI AEROSPHERE® (glycopyrrolate/formoterol fumarate). If a short-acting agent is desired, ATROVENT® HFA (ipratropium bromide) may be used in combination with a preferred formulation of albuterol sulfate (PROAIR® HFA OR PROVENTIL® HFA).

We encourage you to begin converting patients to a preferred formulation as indicated. Our Preferred Drug list can be found at http://dvha.vermont.gov/for-providers/preferred-drug-list-clinical-criteria. Current users will be allowed a 90-day grace period to transition to a preferred product(s). If you feel it is medically necessary to keep your patient on COMBIVENT RESPIMAT® beyond this time frame, a prior authorization will be required.

If you have questions related to this change in benefit coverage, please contact the Change Healthcare Pharmacy Help Desk at 1-844-679-5362. Vermont providers can also send inquiries via email to **PBA_VTHelpdesk@changehealthcare.com.** Thank you for your continued support of Vermont's clinical pharmacy programs.

Nancy J. Hogue, BS, Pharm.D.

Director of Pharmacy Services