

aclidinium oral inhaler (TUDORZA PRESSAIR)

Diagnosis Considered for Coverage:

- Chronic obstructive pulmonary disease (COPD)

Coverage Criteria:

For diagnosis above:

- Inadequate response, intolerable side effect, or contraindication to two preferred respiratory antimuscarinic agents (i.e. Spiriva and Incruse Ellipta), **and**
- Dose does not exceed FDA label maximum.

Coverage Duration: one year

Effective Date: 11/29/2023