

<b>Policy Name:</b>	<b>Lonhala Magnair (glycopyrrolate)</b>	<b>Policy #:</b>	<b>2843P</b>
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## Purpose of the Policy

The purpose of this policy is to establish the criteria for coverage of Lonhala Magnair.

## Statement of the Policy

Health Alliance Medical Plans and Health Alliance Northwest will approve the use of Lonhala Magnair under the specialty pharmacy benefit when the following criteria have been met.

## Criteria

### 1. Coverage Criteria

- 1.1 Documented diagnosis of Chronic Obstructive Pulmonary Disease (COPD)
- 1.2 Documented failure, severe intolerance, or contraindication to a long-acting muscarinic-receptor-antagonist (LAMA) inhaler such as Atrovent HFA, Tudorza Pressair, Spiriva Respimat, or Incruse Ellipta.

### 2. Approval Period

- 2.1 12 months

## CPT Codes

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## HCPCS Codes

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## References

- 1. Lonhala Magnair (glycopyrrolate) [prescribing information]. Marlborough, MA: Sunovion Respiratory Development Inc; August 2020.
- 2. Agusti A, Celli BR, Criner GJ, et al. Global Initiative for Chronic Obstructive Lung Disease 2023 Report: GOLD Executive Summary. Eur Respir J. 2023 Apr 1;61(4):2300239.

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## DISCLAIMER

This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.