

**Arformoterol Inhalation Solution
Formoterol Inhalation Solution
Effective 09/01/2025**

Plan	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
Contact Information	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

Overview

Arformoterol and formoterol are within the class of sympathomimetics and are long-acting beta agonists approved for maintenance treatment of chronic obstructive pulmonary disease (COPD).

Coverage Guidelines

Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs

OR

Approval will be granted when all of the following criteria are met:

1. Member has a diagnosis of chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema
2. Clinical rationale why the member is unable to use a non-nebulized long-acting beta-agonist **and has no claims for inhalers within the past 30 days.**

Continuation of Therapy

Reauthorization requests will be approved when the following criteria are met:

1. Member meets initial criteria

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months
2. The following quantity limits apply:

Drug Name and Dosage Form	Quantity Limit
Arformoterol inhalation solution vial for nebulization	2 vials per day

References

1. Brovana (arformoterol) [prescribing information]. Baltimore, MD: Lupin Pharmaceuticals; October 2023.
2. Perforomist (formoterol) [prescribing information]. Morgantown, WV: Mylan Specialty L.P; May 2019.
3. Global Initiative for Chronic Obstructive Lung Disease (GOLD). Global Strategy for the Diagnosis, Management and Prevention of Chronic Obstructive Pulmonary Disease: 2025 Report. <http://www.goldcopd.org> (Accessed on July 7, 2025).
4. Rodrigo GJ, Nannini LJ, Rodriguez-Roisin R. Safety of long-acting beta-agonists in stable COPD: a systematic review. *Chest*. 2008;133(5):1079-1087
5. Hanania NA, Donohue JF, Nelson H, et al. The safety and efficacy of arformoterol and formoterol in COPD. *COPD*. 2010;7(1):17-31. [\[PubMed 20214460\]](#)

Review History

11/05/07 – Implemented

09/24/07 – Reviewed

09/22/08 – Updated

09/21/09 – Reviewed

09/27/10 – Updated

09/19/11 – Reviewed

09/24/12 – Reviewed

09/23/13 – Reviewed

09/22/14 – Updated

09/21/15 – Reviewed

09/19/16 – Reviewed

09/18/17 – Reviewed

09/18/19 – Added disclaimer on other inhaler use

07/21/2021 – reviewed July P&T; Perferomist came out generic; criteria updated to include formoterol. Started and stabilized statement updated to say “members new to the plan”. Effective 10/01/2021.

10/11/2023 – Reviewed and updated at Oct P&T; Added approval duration for initial authorizations and reauthorizations. Effective 1/1/24

08/13/2025 – Reviewed and updated at August P&T. Updated language for members new to the Plan. Updated title of policy to reflect generic availability of Brovana and Perforomist. Added reauthorization criteria, specifying that member must meet initial criteria. Effective 09/01/2025.

