Reference number(s)
34-H

Quantity Limit Criteria
Long Acting Beta2-Adrenergic Agonist, Combinations Oral Inhalation

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Long-Acting Beta2-Adrenergic Agonist

Brand Name	Generic Name
Brovana	arformoterol tartrate
Perforomist	formoterol
Serevent Diskus	salmeterol
Striverdi Respimat	olodaterol

Long-Acting Beta2-Adrenergic Agonist / Anticholinergic

Brand Name	Generic Name
Anoro Ellipta	umeclidinium/vilanterol
Bevespi Aerosphere	glycopyrrolate/formoterol
Duaklir Pressair	aclidinium/formoterol
Stiolto Respimat	tiotropium bromide/olodaterol

Long-Acting Beta2-Adrenergic Agonist / Corticosteroid

Brand Name	Generic Name
Advair Diskus	fluticasone propionate/salmeterol
Advair HFA	fluticasone propionate/salmeterol
Airduo Digihaler	fluticasone propionate/salmeterol
Airduo Respiclick	fluticasone propionate/salmeterol
Breo Ellipta	fluticasone furoate/vilanterol
Dulera	mometasone/formoterol
Symbicort	budesonide/formoterol
Symbicort Aerosphere	budesonide/formoterol

Long-Acting Beta2-Adrenergic Agonist / Anticholinergic / Corticosteroid

Brand Name	Generic Name
Breztri Aerosphere	budesonide/glycopyrrolate/formoterol fumarate
Trelegy Ellipta	fluticasone furoate/umeclidinium/vilanterol

Indications

FDA-approved Indications

Long-Acting Beta2-Adrenergic Agonist

Brovana

Brovana (arformoterol tartrate) Inhalation Solution is indicated for the long-term, twice daily (morning and evening) maintenance treatment of bronchoconstriction in patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema. Brovana Inhalation Solution is for use by nebulization only.

Important Limitations of Use

Brovana Inhalation solution is not indicated to treat acute deteriorations of chronic obstructive pulmonary disease.

Brovana Inhalation Solution is not indicated to treat asthma. The safety and effectiveness of Brovana Inhalation Solution in asthma have not been established.

Perforomist

Perforomist (formoterol fumarate) Inhalation Solution is indicated for the long-term, twice daily (morning and evening) administration in the maintenance treatment of bronchoconstriction in patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema.

Important Limitations of Use
Perforomist Inhalation Solution is not indicated to treat acute deteriorations of chronic obstructive pulmonary disease.

Perforomist Inhalation Solution is not indicated to treat asthma. The safety and effectiveness of Perforomist Inhalation Solution in asthma have not been established.

Serevent Diskus

Treatment of Asthma
Serevent Diskus is indicated for the treatment of asthma and in the prevention of bronchospasm only as concomitant therapy with an ICS in patients aged 4 years and older with reversible obstructive airway disease, including patients with symptoms of nocturnal asthma. LABA, such as salmeterol, the active ingredient in Serevent Diskus, as monotherapy (without ICS) increase the risk of asthma-related death. Use of Serevent Diskus for the treatment of asthma without concomitant use of an ICS is contraindicated. Use Serevent Diskus only as additional therapy for patients with asthma who are currently taking but are inadequately controlled on an ICS. Do not use Serevent Diskus for patients whose asthma is adequately controlled on low- or medium-dose ICS.

Pediatric and Adolescent Patients
Available data from controlled clinical trials suggest that LABA as monotherapy increase the risk of asthma-related hospitalization in pediatric and adolescent patients. For pediatric and adolescent patients with asthma who require addition of a LABA to an ICS, a fixed-dose combination product containing both an ICS and a LABA should ordinarily be used to ensure adherence with both drugs. In cases where use of a separate ICS and a LABA is clinically indicated, appropriate steps must be taken to ensure adherence with both treatment components. If adherence cannot be assured, a fixed-dose combination product containing both an ICS and a LABA is recommended.

Important Limitation of Use
Serevent Diskus is NOT indicated for the relief of acute bronchospasm.

Prevention of Exercise-Induced Bronchospasm
Serevent Diskus is also indicated for prevention of exercise-induced bronchospasm (EIB) in patients aged 4 years and older. Use of Serevent Diskus as a single agent for the prevention of EIB may be clinically indicated in patients who do not have persistent asthma. In patients with persistent asthma, use of Serevent Diskus for the prevention of EIB may be clinically indicated, but the treatment of asthma should include an ICS.

Maintenance Treatment of Chronic Obstructive Pulmonary Disease
Serevent Diskus is indicated for the long-term twice-daily administration in the maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease (COPD) (including emphysema and chronic bronchitis).

Important Limitation of Use
Serevent Diskus is NOT indicated for the relief of acute bronchospasm.

Striverdi Respimat

Striverdi Respimat is a long-acting beta2-agonist indicated for long-term, once-daily maintenance bronchodilator treatment of airflow obstruction in patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and/or emphysema.

Important Limitations of Use
Striverdi Respimat is not indicated to treat acute deteriorations of COPD.

Striverdi Respimat is not indicated to treat asthma. The safety and effectiveness of Striverdi Respimat in asthma have not been established.

Long-Acting Beta2-Adrenergic Agonist / Anticholinergic

Anoro Ellipta

Anoro Ellipta is indicated for the maintenance treatment of patients with chronic obstructive pulmonary disease (COPD).

Limitations of Use
Anoro Ellipta is NOT indicated for the relief of acute bronchospasm or for the treatment of asthma. The safety and efficacy of Anoro Ellipta in asthma have not been established.

Bevespi Aerosphere

Bevespi Aerosphere is indicated for the maintenance treatment of patients with chronic obstructive pulmonary disease (COPD).

Limitations of Use
Bevespi Aerosphere is not indicated for the relief of acute bronchospasm or for the treatment of asthma.

Duaklir Pressair

Duaklir Pressair is a combination of aclidinium bromide (an anticholinergic) and formoterol fumarate (a LABA) indicated for the maintenance treatment of patients with chronic obstructive pulmonary disease (COPD).

Limitations of Use
Duaklir Pressair is not indicated for the relief of acute bronchospasm or for the treatment of asthma.

Stiolto Respimat

Stiolto Respimat is a combination of tiotropium and olodaterol indicated for long-term, once-daily maintenance treatment of patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and/or emphysema.

Important Limitations of Use
Stiolto Respimat is not indicated to treat acute deteriorations of COPD.

Stiolto Respimat is not indicated to treat asthma. The safety and effectiveness of Stiolto Respimat in asthma have not been established.

Long-Acting Beta2-Adrenergic Agonist / Corticosteroid

Advair Diskus

Treatment of Asthma

Advair Diskus is indicated for the twice-daily treatment of asthma in patients aged 4 years and older. Advair Diskus should be used for patients not adequately controlled on a long-term asthma control medication such as an inhaled corticosteroid (ICS) or whose disease warrants initiation of treatment with both an ICS and long-acting beta2-adrenergic agonist (LABA).

Maintenance Treatment of Chronic Obstructive Pulmonary Disease

Advair Diskus 250/50 is indicated for the twice-daily maintenance treatment of airflow obstruction in patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and/or emphysema. Advair Diskus 250/50 is also indicated to reduce exacerbations of COPD in patients with a history of exacerbations. Advair Diskus 250/50 twice daily is the only approved dosage for the treatment of COPD because an efficacy advantage of the higher strength Advair Diskus 500/50 over Advair Diskus 250/50 has not been demonstrated.

Important Limitation of Use

Advair Diskus is NOT indicated for the relief of acute bronchospasm.

Advair HFA

Advair HFA is indicated for treatment of asthma in adult and adolescent patients aged 12 years and older. Advair HFA should be used for patients not adequately controlled on a long-term asthma control medication such as an inhaled corticosteroid (ICS) or whose disease warrants initiation of treatment with both an ICS and long-acting beta2-adrenergic agonist (LABA).

Limitations of Use

Advair HFA is not indicated for the relief of acute bronchospasm.

AirDuo Digihaler

AirDuo Digihaler is indicated for the treatment of asthma in adult and pediatric patients aged 12 years and older. AirDuo Digihaler should be used for patients not adequately controlled on a long term asthma control medication such as an inhaled corticosteroid or whose disease warrants initiation of treatment with both an inhaled corticosteroid and long acting beta2-adrenergic agonist (LABA).

Limitations of Use

AirDuo Digihaler is not indicated for the relief of acute bronchospasm.

AirDuo Respiclick

AirDuo Respiclick is indicated for the treatment of asthma in adult and pediatric patients aged 12 years and older. AirDuo Respiclick should be used for patients not adequately controlled on a long term asthma control medication such as an inhaled corticosteroid or whose disease warrants initiation of treatment with both an inhaled corticosteroid and long acting beta2-adrenergic agonist (LABA).

Limitations of Use

AirDuo Respiclick is not indicated for the relief of acute bronchospasm.

Breo Ellipta

Maintenance Treatment of Chronic Obstructive Pulmonary Disease
Breo Ellipta is indicated for the maintenance treatment of patients with chronic obstructive pulmonary disease (COPD).

Maintenance Treatment of Asthma
Breo Ellipta is indicated for the maintenance treatment of asthma in patients aged 5 years and older.

Limitations of Use
Breo Ellipta is NOT indicated for the relief of acute bronchospasm.

Dulera

Dulera is indicated for the twice-daily treatment of asthma in patients 5 years of age and older. Dulera should be used for patients not adequately controlled on a long-term asthma-control medication such as an inhaled corticosteroid (ICS) or whose disease warrants initiation of treatment with both an ICS and long-acting beta2-adrenergic agonist (LABA).

Important Limitations of Use
Dulera is NOT indicated for the relief of acute bronchospasm.

Symbicort

Treatment of Asthma
Symbicort is indicated for the treatment of asthma in patients 6 years of age and older. Symbicort should be used for patients not adequately controlled on a long-term asthma-control medication such as an inhaled corticosteroid (ICS) or whose disease warrants initiation of treatment with both an inhaled corticosteroid and long-acting beta2-adrenergic agonist (LABA).

Maintenance Treatment of Chronic Obstructive Pulmonary Disease (COPD)
Symbicort 160/4.5 is indicated for the maintenance treatment of airflow obstruction in patients with chronic obstructive pulmonary disease (COPD) including chronic bronchitis and/or emphysema. Symbicort 160/4.5 is also indicated to reduce exacerbations of COPD. Symbicort 160/4.5 is the only strength indicated for the treatment of COPD.

Important Limitations of Use
Symbicort is NOT indicated for the relief of acute bronchospasm.

Symbicort Aerosphere

Symbicort Aerosphere is indicated for the maintenance treatment of patients with chronic obstructive pulmonary disease (COPD).

Limitations of Use
Symbicort Aerosphere is not indicated for the relief of acute bronchospasm or for the treatment of asthma.

Long-Acting Beta2-Adrenergic Agonist / Anticholinergic / Corticosteroid:

Breztri Aerosphere

Breztri Aerosphere is indicated for the maintenance treatment of patients with chronic obstructive pulmonary disease (COPD).

Limitations of Use
Breztri Aerosphere is not indicated for the relief of acute bronchospasm or for the treatment of asthma.

Trelegy Ellipta

Maintenance Treatment of Chronic Obstructive Pulmonary Disease
Trelegy Ellipta is indicated for the maintenance treatment of patients with chronic obstructive pulmonary disease (COPD).

Maintenance Treatment of Asthma
Trelegy Ellipta is indicated for the maintenance treatment of asthma in patients aged 18 years and older.

Limitations of Use
Trelegy Ellipta is NOT indicated for the relief of acute bronchospasm.

Compendial Uses

Symbicort, Dulera: maintenance and reliever therapy[20-23].

Initial Limit Quantity Long-Acting Beta2-Adrenergic Agonist

Limits do not accumulate together; patient is allowed the maximum limit for each drug and strength.

PLEASE NOTE: Since manufacturer package sizes may vary, it is the discretion of the dispensing pharmacy to fill quantities per package size up to these quantity limits. In such cases the filling limit and day supply may be less than what is indicated.

The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

Medication	Maintenance Dose	Maximum Daily Dose	Package Size	1 Month Limit 3 Month Limit
Brovana (arformoterol tartrate)	nebulization of 1 vial (2 mL) twice daily	2 vials (2 mL each)	30 vials (2 mL each) per carton	2 packages (60 vials x 2 mL) / 25 days 6 packages (180 vials x 2 mL) / 75 days
Brovana (arformoterol tartrate)	nebulization of 1 vial (2 mL) twice daily	2 vials (2 mL each)	60 vials (2 mL each) per carton	1 package (60 vials x 2 mL) / 25 days 3 packages (180 vials x 2 mL) / 75 days
Perforomist (formoterol)	nebulization of 1 vial (2 mL) twice daily	2 vials (2 mL each)	30 vials (2 mL each) per carton	2 packages (60 vials x 2 mL) / 25 days 6 packages (180 vials x 2 mL) / 75 days

Medication	Maintenance Dose	Maximum Daily Dose	Package Size	1 Month Limit 3 Month Limit
Perforomist (formoterol)	nebulization of 1 vial (2 mL) twice daily	2 vials (2 mL each)	60 vials (2 mL each) per carton	1 package (60 vials x 2 mL) / 25 days 3 packages (180 vials x 2 mL) / 75 days
Serevent Diskus (salmeterol)	1 inhalation twice daily	2 inhalations	60 blisters per inhaler	1 package (60 blisters) / 25 days 3 packages (60 blisters each) / 75 days
Striverdi Respimat (olodaterol)	2 inhalations once daily	2 inhalations	60 inhalations per 4 gm cartridge	1 package (4 gm) / 25 days 3 packages (4 gm each) / 75 days

Initial Limit Quantity Long-Acting Beta2-Adrenergic Agonist / Anticholinergic

Limits do not accumulate together; patient is allowed the maximum limit for each drug and strength.

PLEASE NOTE: Since manufacturer package sizes may vary, it is the discretion of the dispensing pharmacy to fill quantities per package size up to these quantity limits. In such cases the filling limit and day supply may be less than what is indicated.

The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

Medication	Maintenance Dose	Maximum Daily Dose	Package Size	1 Month Limit 3 Month Limit
Anoro Ellipta (umeclidinium/ vilanterol)	1 inhalation once daily	1 inhalation	30 inhalations (60 blisters) per inhaler	1 package (60 blisters) / 25 days 3 packages (60 blisters each) / 75 days
Bevespi Aerosphere (glycopyrrolate / formoterol)	2 inhalations twice daily	4 inhalations	120 inhalations per 10.7 gm canister	1 package (10.7 gm) / 25 days 3 packages (10.7 gm each) / 75 days
Duaklir Pressair (aclidinium/ formoterol)	1 inhalation twice daily	2 inhalations	60 inhalations per inhaler	1 package / 25 days 3 packages / 75 days
Stiolto Respimat	2 inhalations once daily	2 inhalations	60 inhalations per 4 gm cartridge	1 package (4 gm) / 25 days

Medication	Maintenance Dose	Maximum Daily Dose	Package Size	1 Month Limit 3 Month Limit
(tiotropium bromide/ olodaterol)				3 packages (4 gm each) / 75 days

Initial Limit Quantity Long-Acting Beta2-Adrenergic Agonist / Corticosteroid

Limits do not accumulate together; patient is allowed the maximum limit for each drug and strength.

PLEASE NOTE: Since manufacturer package sizes may vary, it is the discretion of the dispensing pharmacy to fill quantities per package size up to these quantity limits. In such cases the filling limit and day supply may be less than what is indicated.

The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

Medication	Maintenance Dose	Maximum Daily Dose	Package Size	1 Month Limit 3 Month Limit
Advair Diskus (fluticasone propionate/ salmeterol)	1 inhalation twice daily	2 inhalations	60 blisters per inhaler	1 package (60 blisters) / 25 days 3 packages (60 blisters each) / 75 days
Advair HFA (fluticasone propionate/ salmeterol)	2 inhalations twice daily	4 inhalations	120 inhalations per 12 gm canister	1 package (12 gm) / 25 days 3 packages (12 gm each) / 75 days
AirDuo Digihaler (fluticasone propionate/ salmeterol)	1 inhalation twice daily	2 inhalations	60 inhalations per inhaler	1 package / 25 days 3 packages / 75 days
AirDuo Respiclick (fluticasone propionate/ salmeterol)	1 inhalation twice daily	2 inhalations	60 inhalations per inhaler	1 package / 25 days 3 packages / 75 days

Medication	Maintenance Dose	Maximum Daily Dose	Package Size	1 Month Limit 3 Month Limit
Breo Ellipta (fluticasone furoate/ vilanterol)	1 inhalation once daily	1 inhalation	30 inhalations (60 blisters) per inhaler	1 package (60 blisters) / 25 days 3 packages (60 blisters each) / 75 days
Dulera (mometasone/ formoterol)	2 inhalations twice daily	4 - 10 inhalations	120 inhalations per 13 gm canister	3 packages (13 gm each) / 25 days 9 packages (13 gm each) / 75 days
Symbicort (budesonide/ formoterol)	2 inhalations twice daily	4 - 12 inhalations	120 inhalations per 10.2 gm or 10.3 gm canister (depending on product)	3 packages (10.3 gm each) / 25 days 9 packages (10.3 gm each) / 75 days
Symbicort Aerosphere (budesonide/ formoterol)	2 inhalations twice daily	4 inhalations	120 inhalations per 10.7 gm canister	1 package (10.7 gm) / 25 days 3 packages (10.7 gm each) / 75 days

Initial Limit Quantity Long-Acting Beta2-Adrenergic Agonist / Anticholinergic / Corticosteroid

Limits do not accumulate together; patient is allowed the maximum limit for each drug and strength.

PLEASE NOTE: Since manufacturer package sizes may vary, it is the discretion of the dispensing pharmacy to fill quantities per package size up to these quantity limits. In such cases the filling limit and day supply may be less than what is indicated.

The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

Medication	Maintenance Dose	Maximum Daily Dose	Package Size	1 Month Limit 3 Month Limit
Breztri Aerosphere (budesonide/ glycopyrrolate/	2 inhalations twice daily	4 inhalations	120 inhalations per 10.7 gm canister	1 package (10.7 gm) / 25 days 3 packages (10.7 gm each) / 75 days

Medication	Maintenance Dose	Maximum Daily Dose	Package Size	1 Month Limit 3 Month Limit
formoterol fumarate)				
Trelegy Ellipta (fluticasone furoate/ umeclidinium/ vilanterol)	1 inhalation once daily	1 inhalation	30 inhalations (60 blisters) per inhaler	1 package (60 blisters) / 25 days 3 packages (60 blisters each) / 75 days

References

1. Advair Diskus [package insert]. Durham, NC: GlaxoSmithKline; June 2023.
2. Advair HFA [package insert]. Durham, NC: GlaxoSmithKline; May 2024.
3. AirDuo Digihaler [package insert]. Parsippany, NJ: Teva Pharmaceuticals USA, Inc.; April 2024.
4. AirDuo Respiclick [package insert]. Parsippany, NJ: Teva Pharmaceuticals USA, Inc.; February 2024.
5. Anoro Ellipta [package insert]. Durham, NC: GlaxoSmithKline; June 2023.
6. Bevespi Aerosphere [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; March 2023.
7. Breo Ellipta [package insert]. Durham, NC: GlaxoSmithKline; May 2023.
8. Breztri Aerosphere [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; January 2022.
9. Brovana [package insert]. Marlborough, MA: Sunovion Pharmaceuticals, Inc.; October 2023.
10. Duaklir Pressair [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; January 2022.
11. Dulera [package insert]. Jersey City, NJ: Organon LLC; June 2021.
12. Perforomist [package insert]. Morgantown, WV: Mylan Specialty L.P.; May 2019.
13. Serevent Diskus [package insert]. Research Triangle Park, NC: GlaxoSmithKline; February 2022.
14. Stiolto Respimat [package insert]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; November 2021.
15. Striverdi Respimat [package insert]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.: November 2021.
16. Symbicort [package insert]. Wilmington, DE: AstraZeneca; July 2019.
17. Symbicort Aerosphere [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; April 2023.
18. Trelegy Ellipta [package insert]. Durham, NC: GlaxoSmithKline; June 2023.
19. Breyna [package insert]. Morgantown, WV: Mylan Pharmaceuticals Inc.; September 2020.
20. Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention. 2024. Available at: http://www.ginasthma.org. Accessed August 12 2024.
21. 2020 Focused Updates to the Asthma Management Guidelines. A Report from the National Asthma Education and Prevention Program Coordinating Committee Expert Panel Working Group. Available at: https://www.nhlbi.nih.gov/health-topics/asthma-management-guidelines-2020-updates. Accessed July 2023.
22. Clinical Consult: CVS Caremark Clinical Programs Review. Focus on Asthma/Chronic Obstructive Pulmonary Disease (COPD). November 2021.

23. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 08/12/2024).

Document History

Written by: UM Development (KB)

Date Written: 06/2002

Reviewed: (MG) 06/2003, 11/2004, 03/2005 (Xopenex HFA and Albuterol HFA added); (NB) 03/2006, 09/2006 (Advair HFA added); (CT) 03/2007(2) (Perforomist added), 02/2008, 02/2009, 09/2009 (updated Xopenex soln limit 02/2009(2)); (MS) 01/2010; (RP) 02/2011, 07/2011 (Arcapta Neohaler added), 06/2012; (TM) 02/2013, 05/2013 (add Breo Ellipta), 11/2013 (separate short & long acting), 12/2013 (add Anoro Ellipta), 07/2014 (add Striverdi Respimat), 11/2013, 11/2014, 05/2015 (add Stiolto Respimat), 11/2015 (add Utibron); (MS) 11/2015 (no clinical changes), 04/2016 (added Bevespi Aerosphere); (TM) 11/2016 (no clinical changes), 01/2017 (update Symbicort indication & dosing)(no clinical changes), 01/2017 (add Airduo), 09/2017 (add Trelegy Ellipta), 11/2017 (removed Foradil d/c, no clinical changes), 02/2018 (update combo indication), 11/2018 (no clinical changes), 04/2019 (added Duaklir), 11/2019 (no clinical changes), 07/2020 (add Breztri Aerosphere), 08/2020 (add Airduo Digihaler), 09/2020 (update Trelegy indication), 11/2020 (no clinical changes), (update budesonide/ formoterol QL); (RZ) 09/2021 (no clinical changes); (KMB) 10/2022 (no clinical changes), 05/2023 (added Symbicort Aerosphere); (MRS) 09/2023 (removed Arcapta Neohaler and Utibron Neohaler-no longer avail, increased QL for Dulera); (NSS) 08/2024 (no clinical changes)

Reviewed: CRC 06/2003; CDPR/Medical Affairs (MM) 11/2004, 03/2005, 03/2006; (WF) 03/2007(2), 02/2008, 02/2009, 09/2009, 02/2010; (KP) 02/2011; (KP) 07/2011, 06/2012, (LS) 02/2013, (LB) 05/2013, (DC) 11/2013, (LS) 12/2013, (MM) 08/2014, (DNC) 11/2014, (DNC) 05/2015, (ME) 04/2016, (ME) 02/2017, (AM) 09/2017, (GD) 04/2019, (CHART) 11/27/19, 08/06/2020, 08/27/2020, 10/08/2020, 12/03/2020, 08/05/2021, 09/30/2021, 09/22/2022, 05/11/2023, 09/28/2023, 08/29/2024

External Review: 08/2003, 12/2004, 11/2005, 06/2006, 06/2007, 06/2008, 06/2009, 06/2011, 10/2011, 10/2012, 06/2013, 01/2014, 08/2014, 02/2015, 02/2016, 06/2016, 02/2017, 10/2017, 02/2018, 02/2019, 06/2019 (FYI), 02/2020, 10/2020 (FYI), 12/2020 (FYI), 02/2021, 08/2021 (FYI), 02/2022, 02/2023, 06/2023 (FYI), 02/2024, 12/2024

