

Long-acting Beta-agonists (LABA)

Goals:

- To optimize the safe and effective use of LABA therapy in patients with asthma and COPD.

Length of Authorization:

- Up to 12 months

Requires PA:

- Non-preferred LABA products

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 Code	
2. Will the prescriber consider a change to a preferred product? <u>Message:</u> <ul style="list-style-type: none"> • Preferred products are reviewed for comparative effectiveness and safety by the Oregon Pharmacy and Therapeutics (P&T) Committee. 	Yes: Inform prescriber of covered alternatives in class	No: Go to #3
3. Does the patient have a diagnosis of asthma or reactive airway disease?	Yes: Go to #5	No: Go to #4
4. Does the patient have a diagnosis of COPD, mucopurulent chronic bronchitis and/or emphysema?	Yes: Approve for up to 12 months	No: Pass to RPh. Deny; medical appropriateness. Need a supporting diagnosis. If prescriber believes diagnosis is appropriate, inform prescriber of the appeals process for Medical Director Review.
5. Does the patient have an active prescription for an inhaled corticosteroid (ICS) or an alternative asthma controller medication?	Yes: Approve for up to 12 months	No: Pass to RPh. Deny; medical appropriateness