

Long-acting Beta-agonist/Corticosteroid Combination (LABA/ICS)

Goals:

- To optimize the safe and effective use of LABA/ICS therapy in patients with asthma and COPD.
- Step-therapy required prior to coverage:
 - Asthma: short-acting beta-agonist and inhaled corticosteroid or moderate to severe persistent asthma.
 - COPD: short-acting bronchodilator and previous trial of a long-acting bronchodilator (inhaled anticholinergic or beta-agonist). Preferred LABA/ICS products do NOT require prior authorization.

Length of Authorization:

- Up to 12 months

Requires PA:

- Non-preferred LABA/ICS 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 provider 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 provider 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 #7	No: Go to #4

Approval Criteria

<p>4. Does the patient have a diagnosis of COPD, mucopurulent chronic bronchitis and/or emphysema?</p>	<p>Yes: Go to #5</p>	<p>No: Pass to RPh. Deny; medical appropriateness.</p> <p>Need a supporting diagnosis. If prescriber believes diagnosis is appropriate, inform prescriber of the appeals process for Medical Director Review. Chronic bronchitis is unfunded.</p>
<p>5. Does the patient have an active prescription for an on-demand short-acting bronchodilator (anticholinergic or beta-agonist)?</p>	<p>Yes: Go to #6</p>	<p>No: Pass to RPh. Deny; medical appropriateness.</p>
<p>6. Is there a documented trial of an inhaled long-acting bronchodilator (anticholinergic or beta-agonist)?</p>	<p>Yes: Approve for up to 12 months. Stop coverage of all other LABA and ICS inhalers.</p>	<p>No: Pass to RPh. Deny; medical appropriateness.</p>
<p>7. Does the patient have an active prescription for an on-demand short-acting beta-agonist (SABA) or an alternative rescue medication for acute asthma exacerbations?</p>	<p>Yes: Go to #8</p>	<p>No: Pass to RPh. Deny; medical appropriateness</p>
<p>8. Is there a documented trial of an inhaled corticosteroid (ICS) or does the patient have moderate or severe persistent asthma?</p>	<p>Yes: Approve for up to 12 months. Stop coverage of all other ICS and LABA inhalers.</p>	<p>No: Pass to RPh. Deny; medical appropriateness</p>

P&T/DUR Review: 10/20 (KS), 5/19 (KS); 1/18; 9/16; 11/15; 9/15; 11/14; 11/13; 5/12; 9/09; 2/06

Implementation: 3/1/18; 10/13/16; 1/1/16; 1/15; 1/14; 9/12; 1/10