

# Long-acting Muscarinic Antagonist/Long-acting Beta-agonist (LAMA/LABA) and LAMA/LABA/Inhaled Corticosteroid (LAMA/LABA/ICS) Combinations

**Goals:**

- To optimize the safe and effective use of LAMA/LABA/ICS therapy in patients with asthma and COPD.
- Step-therapy required prior to coverage:
  - Asthma and COPD: short-acting bronchodilator and previous trial of two drug combination therapy (ICS/LABA, LABA/LAMA or ICS/LAMA). Preferred monotherapy inhaler LAMA and LABA products do NOT require prior authorization.

**Length of Authorization:**

- Up to 12 months

**Requires PA:**

- All LAMA/LABA and LAMA/LABA/ICS products

**Covered Alternatives:**

- Current PMPDP preferred drug list per OAR 410-121-0030 at [www.orpdl.org](http://www.orpdl.org)
- Searchable site for Oregon FFS Drug Class listed at [www.orpdl.org/drugs/](http://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"> <li>• Preferred products are reviewed for comparative effectiveness and safety by the Oregon Pharmacy and Therapeutics (P&amp;T) Committee.</li> </ul>	<b>Yes:</b> Inform prescriber of preferred LAMA and LABA products in each class	<b>No:</b> Go to #3
3. Does the patient have a diagnosis of asthma or reactive airway disease without COPD?	<b>Yes:</b> Go to #9	<b>No:</b> Go to #4

## Approval Criteria

<p>4. Does the patient have a diagnosis of COPD, mucopurulent chronic bronchitis and/or emphysema?</p>	<p><b>Yes:</b> Go to #5</p>	<p><b>No:</b> 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><b>Yes:</b> Go to #6</p>	<p><b>No:</b> Pass to RPh. Deny; medical appropriateness.</p>
<p>6. Is the request for a LAMA/LABA combination product?</p>	<p><b>Yes:</b> Go to #7</p>	<p><b>No:</b> Go to #8</p>
<p>7. Is there a documented trial of a LAMA or LABA, or alternatively a trial of a fixed dose combination short-acting anticholinergic with beta-agonist (SAMA/SABA) (i.e., ipratropium/albuterol), or <math>\geq 2</math> moderate exacerbations or <math>\geq 1</math> leading to a hospitalization?</p>	<p><b>Yes:</b> Approve for up to 12 months. Stop coverage of all other LAMA and LABA inhalers or scheduled SAMA/SABA inhalers (PRN SABA or SAMA permitted).</p>	<p><b>No:</b> Pass to RPh. Deny; medical appropriateness.</p>
<p>8. Is the request for a 3 drug ICS/LABA/LAMA combination product and is there a documented trial of a LAMA and LABA, or ICS and LABA or ICS and LAMA?</p>	<p><b>Yes:</b> Approve for up to 12 months. Stop coverage of all other LAMA, LABA and ICS inhalers.</p>	<p><b>No:</b> Pass to RPh. Deny; medical appropriateness.</p>
<p>9. Does the patient have an active prescription for an on-demand short-acting acting beta-agonist (SABA) and/or for ICS-formoterol?</p>	<p><b>Yes:</b> Go to #10</p>	<p><b>No:</b> Pass to RPh. Deny; medical appropriateness.</p>
<p>10. Is the request for Trelegy Ellipta (ICS/LAMA/LABA) combination product and is there a documented trial of an ICS/LABA?</p>	<p><b>Yes:</b> Approve for up to 12 months. Stop coverage of all other LAMA, LABA and ICS inhalers.</p>	<p><b>No:</b> Pass to RPh. Deny; medical appropriateness.</p>

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*P&T Review:* 10/21 (SF); 12/20 (KS), 10/20, 5/19; 1/18; 9/16; 11/15; 9/15; 11/14; 11/13; 5/12; 9/09; 2/06

*Implementation:* 1/1/21; 3/1/18; 10/13/16; 1/1/16; 1/15; 1/14; 9/12; 1/10