

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 non-preferred LAMA/LABA and LAMA/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 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 preferred LAMA and LABA products in each class	No: Go to #3
3. Does the patient have a diagnosis of asthma or reactive airway disease without COPD?	Yes: Go to #8	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. Is the request for a LAMA/LABA combination product?</p>	<p>Yes: 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>No: Go to #6</p>
<p>6. 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>Yes: Go to #7</p>	<p>No: Pass to RPh. Deny; medical appropriateness.</p>
<p>7. Is there documentation that the prescriber is willing to stop coverage of all other LAMA, LABA, and ICS inhaler combination products?</p>	<p>Yes: Approve for up to 12 months. Stop coverage of all other LAMA, LABA and ICS inhalers.</p>	<p>No: Pass to RPh. Deny; medical appropriateness.</p>
<p>8. Does the patient have an active prescription for an on-demand short-acting acting beta-agonist (SABA) and/or for ICS-formoterol?</p>	<p>Yes: Go to #9</p>	<p>No: Pass to RPh. Deny; medical appropriateness.</p>
<p>9. Is the request for Trelegy Ellipta (ICS/LAMA/LABA) combination product and is there a documented trial of an ICS/LABA?</p>	<p>Yes: Approve for up to 12 months. Stop coverage of all other LAMA, LABA and ICS inhalers (with the exception of ICS-formoterol which may be continued)</p>	<p>No: Pass to RPh. Deny; medical appropriateness.</p>

P&T Review: 2/24 (DM); 10/23 (SF); 10/22 (KS), 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: 4/1/24; 1/1/21; 3/1/18; 10/13/16; 1/1/16; 1/15; 1/14; 9/12; 1/10