

Inhaled Corticosteroids (ICS)

Goals:

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

Length of Authorization:

- Up to 12 months

Requires PA:

- Non-preferred 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> 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. Is the request for treatment of asthma or reactive airway disease?	Yes: Go to #6	No: Go to #4
4. Is the request for treatment of COPD, mucopurulent chronic bronchitis and/or emphysema?	Yes: Go to #5	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 long-acting bronchodilator (anticholinergic or beta-agonist)?	Yes: Approve for up to 12 months	No: Pass to RPh. Deny; medical appropriateness.

Approval Criteria

6. 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?

Yes: Approve for up to 12 months

No: Pass to RPh. Deny; medical appropriateness

P&T/DUR Review: 2/24 (DM); 10/23 (SF); 10/22 (KS), 10/20 (KS), 5/19 (KS), 1/18; 9/16; 9/15
Implementation: 3/1/18; 10/13/16; 10/9/15