

Inhaled Corticosteroids (ICS)

Goals:

- To optimize the safe and effective use of ICS therapy in patients with asthma and COPD.
- Step-therapy required prior to coverage for non-preferred ICS products:
 - Asthma: inhaled short-acting beta-agonist.
 - COPD: short-acting and long-acting bronchodilators (inhaled anticholinergics and beta-agonists). Preferred short-acting and long-acting bronchodilators do NOT require prior authorization. See preferred drug list options at <http://www.orpdl.org/drugs/>.

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 #7	No: Go to #4

Approval Criteria

<p>4. Is the request for treatment 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. Does the patient have an active prescription for an inhaled long-acting bronchodilator (anticholinergic or beta-agonist)?</p>	<p>Yes: Approve for up to 12 months</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: Approve for up to 12 months</p>	<p>No: Pass to RPh. Deny; medical appropriateness</p>

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