LABA/ICS Inhalers

Goal(s):
- Approve LABA/ICS only for covered diagnosis (e.g. COPD or Asthma and on concurrent controller medication).
- LABA are only indicated for use in clients with Asthma already receiving treatment with an asthma controller medication (e.g. Inhaled corticosteroids or leukotriene receptor antagonists.).

Initiative:
- LABA/ICS Step Therapy

Length of Authorization:
- 6-12 months

Requires PA:
- All combination inhaled corticosteroid/long-acting beta-agonist inhalers, except when prescribed by emergency department clinicians

Covered Alternatives:
Preferred alternatives listed at www.orpdl.org

Step Therapy Required Prior to Coverage:
Asthma: oral corticosteroid inhalers (see preferred drug list options at www.orpdl.org)

COPD: short and long-acting beta-agonist inhalers, anticholinergics and inhaled corticosteroids (see preferred drug list options at www.orpdl.org), DO NOT require prior authorization.

Approval Criteria

| 1. Does patient have asthma or reactive airway disease (ICD-10: J440-J4522, J45901-45998)? | Yes: Go to #2. | No: Go to #4. |
| 2. Is the medication for Breo Ellipta™ (fluticasone furoate / vilanterol)? | Yes: Pass to RPH; Deny for medical appropriateness. | No: Go to #3. |
### Approval Criteria

| 3. Has patient: | Yes: **Document the following:**
| - failed an inhaled corticosteroid or other controller medication OR | Date of trial, drug, reason(s) for failure or contraindications OR chart notes of asthma severity in the PA record. |
| - Had ≥2 exacerbations requiring oral systemic corticosteroids in the past year, OR | Approve for 1 year if this is patient’s first prescription for a combination inhaler or if this is a continuation of therapy and patient is well controlled on current dose. |
| - Is there documentation of step 3 asthma or higher OR | No: Pass to RPH; Deny, (Medical Appropriateness). |
| - Is there a hospital admission or ER visit related to asthma or reactive airway disease within last 365 days? | **Yes:** Approve for 12 months. |

| 4. Does patient have COPD (ICD10 J449) or Chronic bronchitis (ICD10 J410-418, J42, J440-449) and/or emphysema (ICD10 J439)? | **Yes:** Approve for 12 months. |
| **NO:** Pass to RPH. Deny (Medical Appropriateness). Need a supporting diagnosis. If prescriber believes diagnosis appropriate inform them of the provider reconsideration process for Medical Director Review. |

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**P&T / DUR Action:** 11/20/14 KK, 11/21/13, 5/31/12, 9/24/09 (DO/KK), 2/23/06

**Revision(s):** 10/15; 1/1/15, 1/1/14, 9/26/12, 1/1/10