
Procedure: Appropriate Medication Selection for Treatment of Chronic Obstructive Pulmonary Disease (COPD)

Reference Source (s):

Global Initiative for Chronic Obstructive Lung Disease (GOLD): Pocket Guide to COPD Diagnosis, Management, and Prevention: A Guide for Health Care Professionals 2019 Report.

Scope:

Advanced Health will utilize the GOLD evidence-based practice guideline for determining coverage of medications for treatment of Chronic Obstructive Pulmonary Disease (COPD). Spirometry and optimizing medication therapy regimens appropriate for patient specific COPD stage is important for promoting the highest quality respiratory care and achieving best possible patient outcomes. This coverage guidance includes inhaled long-acting muscarinic antagonists (eg Tudorza®, Incruse®, etc), inhaled long-acting beta agonists (eg Serevent®, Foradil®, Arcapta®, etc), inhaled long-acting beta agonists/inhaled corticosteroid combinations (eg Advair®, Symbicort®, Breo Ellipta®, Wixela®, AirDuo®, Dulera®, etc), inhaled long acting muscarinic antagonists/long acting beta agonists (eg Anoro®, Bevespi®, Stiolto®, etc), long acting beta agonist/long acting muscarinic antagonist/inhaled corticosteroid (eg Trelegy®, etc) and inhaled short-acting anticholinergic agents (eg Atrovent®, Combivent®, etc). Formulary short-acting beta agonist (*albuterol inhaler and albuterol nebulizer solution*), nebulized short acting anticholinergic (*ipratropium*), *albuterol/ipratropium* nebulizer solution, and long acting muscarinic antagonist (Spiriva®) are available without a prior authorization and no copay on the Advanced Health Formulary.

Related Forms:

Advanced Health Medication Prior Authorization Form

Advanced Health Formulary

Definitions:

GOLD: Global Initiative for Chronic Obstructive Lung Disease

COPD: Chronic Obstructive Pulmonary Disease

LABA/ICS: Long Acting Beta Agonist/Inhaled Corticosteroid Combinations

LABA: Long Acting Beta Agonist

LAMA: Long acting muscarinic antagonist; long acting anticholinergic agent

LAMA/LABA: Combination therapy of long acting muscarinic antagonist and long acting beta agonist

LAMA/LABA/ICS: Combination therapy of long acting muscarinic antagonist, long acting beta agonist, and inhaled corticosteroid

Clinical Practice Guidelines:

Full text access to the Global Initiative for Chronic Obstructive Lung Disease is available at:

<https://goldcopd.org/wp-content/uploads/2018/11/GOLD-2019-v1.7-FINAL-14Nov2018-WMS.pdf>

Procedure:

1. Prior authorization request is received and pended into the prior authorization system for review by appropriate utilization review staff (Pharmacist or Physician).
2. Review that medication is being used for an FDA approved indication (Dulera© is not FDA approved for use in COPD). Deny as not meeting criteria if diagnosis code and/or chart notes submitted with authorization request does not support use for an FDA approved indication.
3. Review that spirometry has been submitted with the prior authorization request and that spirometry supports a COPD diagnosis (post-bronchodilator FEV1/FVC <0.70 confirms the presence of persistent airflow limitation).
4. Review for COPD stage using table from GOLD guideline.

THE REFINED ABCD ASSESSMENT TOOL

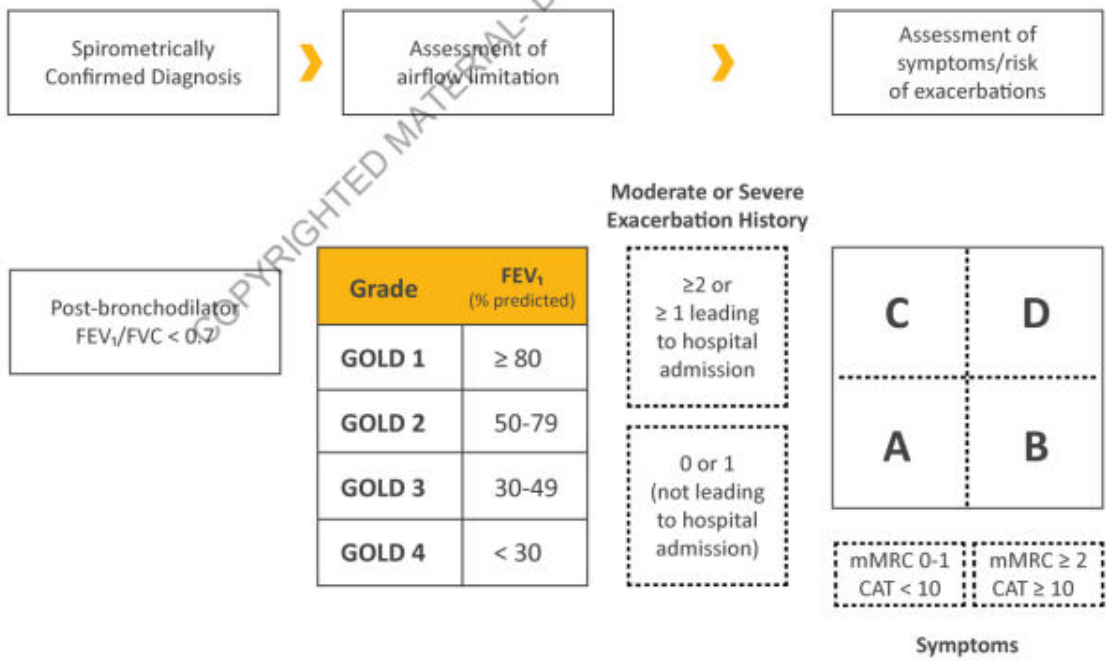


FIGURE 2.4

5. Review that requested medication is supported by the GOLD guideline for use in patient specific COPD stage (A, B, C, or D).

INITIAL PHARMACOLOGICAL TREATMENT

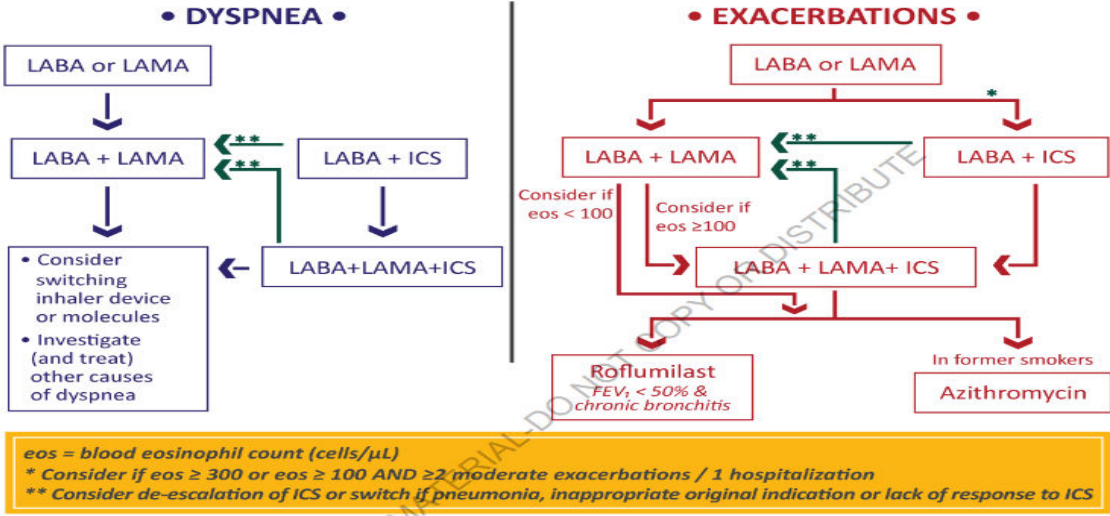


FIGURE 4.1

OR

▶ FOLLOW-UP PHARMACOLOGICAL TREATMENT

1. IF RESPONSE TO INITIAL TREATMENT IS APPROPRIATE, MAINTAIN IT.
 2. IF NOT:
 - ✓ Consider the predominant treatable trait to target (dyspnea or exacerbations)
 - Use exacerbation pathway if both exacerbations and dyspnea need to be targeted
 - ✓ Place patient in box corresponding to current treatment & follow indications
 - ✓ Assess response, adjust and review
 - ✓ These recommendations do not depend on the ABCD assessment at diagnosis



6. If medication use is supported by the GOLD guideline, and formulary agent Spirva© has been trialed, coverage will be approved for 12 months. If requested medication use is not supported by the GOLD guideline, prior authorization request will be denied as not meeting criteria. If two therapeutic options are supported by the GOLD guideline, the least costly alternative will be the covered option as required by Oregon Health Plan.