Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

Umeclidinium-Vilanterol (Anoro Ellipta)

Notes:

* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

<u>Initiation (new start) criteria</u>: Non-formulary <u>umeclidinium bromide and vilanterol</u> <u>trifenatate (Anoro Ellipta)</u> will be covered on the prescription drug benefit when the following criteria are met:

 Patient has failed a trial of tiotropium-olodaterol (Stiolto Respimat), or patient has an allergy or intolerance* to tiotropium and/or olodaterol.

<u>Criteria for new members entering Kaiser Permanente already taking the</u>
<u>medication who have not been reviewed previously</u>: Non-formulary <u>umeclidinium</u>
<u>bromide and vilanterol trifenatate</u> (Anoro Ellipta) will be covered on the prescription drug benefit when the following criteria are met:

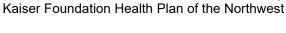
 Patient has failed a trial of tiotropium-olodaterol (Stiolto Respimat), or patient has an allergy or intolerance* to tiotropium and/or olodaterol.

Continued use criteria for patients stable on the medication: Non-formulary umeclidinium bromide and vilanterol trifenatate (Anoro Ellipta) will continue to be covered on the prescription drug benefit when the following criteria are met:

 Patient has failed a trial of tiotropium-olodaterol (Stiolto Respimat), or patient has an allergy or intolerance* to tiotropium and/or olodaterol.

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