## Criteria-Based Consultation Prescribing Program CRITERIA FOR DRUG COVERAGE

## glycopyrrolate/formoterol (Bevespi Aerosphere)

## 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>glycopyrrolate-formoterol fumarate</u> (<u>Bevespi Aerosphere</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 **glycopyrrolate- formoterol fumarate (Bevespi Aerosphere)** 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>Continued use criteria for patients stable on the medication</u>: Non-formulary **glycopyrrolate-formoterol fumarate (Bevespi Aerosphere)** 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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