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

## Aclidinium-Formoterol (Duaklir Pressair)

## 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>aclidinium bromide-formoterol fumarate</u> (<u>Duaklir Pressair</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) AND
one of the following medications: glycopyrrolate-formoterol (Bevespi Aerosphere),
glycopyrrolate-indacaterol (Utibron Neohaler), umeclidinium-vilanterol (Anoro Ellipta);
OR patient has an allergy or intolerance\* to all of the aforementioned medications.

<u>Criteria for new members entering Kaiser Permanente already taking the</u>
<u>medication who have not been reviewed previously</u>: Non-formulary aclidinium
<u>bromide-formoterol fumarate (Duaklir Pressair)</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) AND
one of the following medications: glycopyrrolate-formoterol (Bevespi Aerosphere),
glycopyrrolate-indacaterol (Utibron Neohaler), umeclidinium-vilanterol (Anoro Ellipta);
OR patient has an allergy or intolerance\* to all of the aforementioned medications.

<u>Continued use criteria for patients stable on the medication</u>: Non-formulary aclidinium bromide-formoterol fumarate (Duaklir Pressair) 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) AND
one of the following medications: glycopyrrolate-formoterol (Bevespi Aerosphere),
glycopyrrolate-indacaterol (Utibron Neohaler), umeclidinium-vilanterol (Anoro Ellipta);
OR patient has an allergy or intolerance\* to all of the aforementioned medications.

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