Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

umeclidinium/vilanterol (Anoro Ellipta)

Initiation (new start) criteria: Non-formulary umeclidinium bromide and vilanterol trifenate (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.
  
  * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary umeclidinium bromide and vilanterol trifenate (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.
  
  * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Continued use criteria for patients stable on the medication: Non-formulary umeclidinium bromide and vilanterol trifenate (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.
  
  * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation