

# Criteria-Based Consultation Prescribing Program

## CRITERIA FOR DRUG COVERAGE

### fluticasone furoate/vilanterol (Breo Ellipta)

#### Notes:

- Quantity Limits: No
- \* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

**Initiation (new start) criteria:** Non-formulary **fluticasone furoate/vilanterol (Breo Ellipta)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has documented contraindication, intolerance\*, or treatment failure to a trial of fluticasone propionate/salmeterol inhalation powder (Wixela Inhub, Advair Diskus, or generics), fluticasone propionate/salmeterol inhalation aerosol (Advair HFA), and budesonide/formoterol (Symbicort)

**Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously:** Non-formulary **fluticasone furoate/vilanterol (Breo Ellipta)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has documented contraindication, intolerance\*, or treatment failure to a trial of fluticasone propionate/salmeterol inhalation powder (Wixela Inhub, Advair Diskus, or generics), fluticasone propionate/salmeterol inhalation aerosol (Advair HFA), and budesonide/formoterol (Symbicort)

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Non-formulary **fluticasone furoate/vilanterol (Breo Ellipta)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has documented contraindication, intolerance\*, or treatment failure to a trial of fluticasone propionate/salmeterol inhalation powder (Wixela Inhub, Advair Diskus, or generics), fluticasone propionate/salmeterol inhalation aerosol (Advair HFA), and budesonide/formoterol (Symbicort)