

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Fluticasone furoate (Arnuity 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
- ^ An adequate trial is generally considered at least 30 days of use

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

- Patient is at least 5 years of age
- Patient has a diagnosis of asthma
- Patient has failed a trial of ciclesonide (Alvesco) and mometasone (Asmanex HFA), or patient has an allergy or intolerance* to ciclesonide (Alvesco) and mometasone (Asmanex HFA)

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

- Patient is at least 5 years of age
- Patient has a diagnosis of asthma
- Patient has failed a trial of ciclesonide (Alvesco) and mometasone (Asmanex HFA), or patient has an allergy or intolerance* to ciclesonide (Alvesco) and mometasone (Asmanex HFA)

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

- Patient is at least 5 years of age
- Patient has a diagnosis of asthma
- Patient has failed a trial of ciclesonide (Alvesco) and mometasone (Asmanex HFA), or patient has an allergy or intolerance* to ciclesonide (Alvesco) and mometasone (Asmanex HFA)