

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Glycopyrrolate-Indacaterol (Utibron Neohaler)

Notes:

- * 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 **glycopyrrolate-indacaterol maleate (Utibron Neohaler)** 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.

Criteria for *new members* entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **glycopyrrolate-indacaterol maleate (Utibron Neohaler)** 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.

Continued use criteria for patients stable on the medication: Non-formulary **glycopyrrolate-indacaterol maleate (Utibron Neohaler)** 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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