UnitedHealthcare Community Plan

Clinical Pharmacy Program Guidelines for Trelegy Ellipta

Program	Prior Authorization
Medication	Trelegy Ellipta
Markets in Scope	California, Hawaii, Maryland, Nevada, New Jersey, New York, New York EPP, Pennsylvania-CHIP, Rhode Island, South Carolina
Issue Date	4/2018
Pharmacy and Therapeutics Approval Date	6/2020
Effective Date	8/2020

1. Background:

Trelegy Ellipta is a combination of fluticasone furoate, an inhaled corticosteroid (ICS); umeclidinium, an anticholinergic; and vilanterol, a long-acting beta$_2$-adrenergic agonist (LABA), indicated for the maintenance treatment of patients with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and/or emphysema.

2. Coverage Criteria:

A. Criteria for Approval

1. Trelegy Ellipta will be approved based on **both** of the following criteria:

   a. Diagnosis of chronic obstructive pulmonary disease (COPD), including chronic bronchitis and/or emphysema

   -AND-

   b. History of failure, contraindication, or intolerance to treatment with at least a 30 day trial of both of the following used in combination:
      i. Stiolto Respimat (tiotropium/olodaterol)
      ii. Arnuity Ellipta (fluticasone furoate)

Authorization will be issued for 12 months.

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Trelegy Ellipta [package insert]. Research Triangle Park, NC: GlaxoSmithKline; May 2019.

Program	Program type – Prior Authorization
Change Control	
Date	Change
4/2018	New policy.
6/2019	Updated background and references.
6/2020	Annual review, updated background and references.