

CRITERIA FOR PRIOR AUTHORIZATION

Breo Ellipta® (fluticasone/vilanterol)

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drug requires prior authorization:
Fluticasone/Vilanterol (Breo Ellipta)

CRITERIA FOR BREO ELLIPTA: (must meet all of the following)

- Patient must have one of the following diagnoses:
 - Chronic obstructive pulmonary disease (COPD)
 - Asthma
- Patient must be 18 years of age or older

LENGTH OF APPROVAL 12 months