

# Fluticasone Furoate/Umeclidinium/Vilanterol (TRELEGY ELLIPTA) Dry Powder Inhaler (DPI) in Asthma Criteria for Use May 2026

VA Pharmacy Benefits Management Services and National Formulary Committee

*The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.*

The Product Information should be consulted for detailed prescribing information.

## Exclusion Criteria

If ANY of the following are selected, the patient will NOT meet criteria for Fluticasone/Umeclidinium/Vilanterol DPI

None

## Inclusion Criteria

All the following must be selected to meet criteria.

- Initial prescription is by or in consultation with a VA/VA Community Care Pulmonologist, Allergist/Immunologist or designated expert
- Diagnosis of asthma or asthma/COPD<sup>^1</sup> overlap
- Receiving at least a moderate dose ICS/LABA<sup>^2</sup> but requires additional maintenance treatment with LAMA<sup>^3</sup> for uncontrolled asthma symptoms and/or exacerbations.
- Unable to tolerate or use budesonide-glycopyrrolate-formoterol (BREZTRI) triple inhaler
- If currently receiving an ICS <sup>^4</sup>, patient is NOT a candidate for ICS de-escalation

<sup>^1</sup> Chronic obstructive pulmonary disease

<sup>^2</sup> Inhaled corticosteroid/long-acting beta-agonist

<sup>^3</sup> Long-acting muscarinic antagonist

<sup>^4</sup> Inhaled corticosteroid

## Additional Inclusion Criteria

One of the following criteria must be selected to meet criteria.

- Documented difficulty adhering to 3-drug therapy via 2 separate inhalers (ICS/LABA + LAMA or LABA/LAMA + ICS) <sup>^5-6</sup>
- Unable to use multiple inhalers due to underlying conditions (e.g., cognitive deficits, dexterity or visual impairment, etc.)
- Uncontrolled asthma symptoms and/or exacerbations while using formulary LABA/LAMA + ICS or ICS/LABA + LAMA <sup>^5-6</sup>

<sup>^5</sup> ICS=inhaled corticosteroid, LABA=long-acting beta-agonist, LAMA=long-acting muscarinic antagonist

<sup>^6</sup> Assess adherence and inhaler technique and provide any needed patient education before switching to Trelegy Ellipta

**Patients doing well on 3-drug therapy via 2 separate inhalers should not be switched solely for convenience. These cases should be adjudicated on a case-by-case basis.**

## Footnotes

- 1 The global asthma guidelines (GINA) from 2025 indicate that triple inhaled therapy (addition of a long-acting muscarinic antagonist or LAMA) is an option in selected patients with asthma but does not prioritize one triple inhaled therapy over another. Global Initiative for Asthma (GINA) Guidance 2025. [https://ginasthma.org/wp-content/uploads/2025/11/GINA-2025-Update-25\\_11\\_08-WMS.pdf](https://ginasthma.org/wp-content/uploads/2025/11/GINA-2025-Update-25_11_08-WMS.pdf)

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