

Fluticasone Furoate/Umeclidinium/Vilanterol (TRELEGY ELLIPTA) Dry Powder Inhaler (DPI) in COPD 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 chronic obstructive pulmonary disease [COPD] (post-bronchodilator ratio of FEV1/FVC less than 70%)
- Receiving ICS/LABA ^{^1} or LABA/LAMA ^{^2} but requires additional maintenance treatment for uncontrolled COPD symptoms and/or exacerbations.
- Unable to tolerate or use budesonide-glycopyrrolate-formoterol (BREZTRI) triple inhaler
- If currently receiving an ICS ^{^3}, patient is NOT a candidate for ICS de-escalation

^{^1} Inhaled corticosteroid/long-acting beta-agonist

^{^2} Long-acting beta-agonist/long-acting muscarinic antagonist

^{^3} 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) ^{^4-5}
- Unable to use multiple inhalers due to underlying conditions (e.g., cognitive deficits, dexterity or visual impairment, etc.)
- Uncontrolled COPD symptoms and/or exacerbations while using formulary LABA/LAMA + ICS or ICS/LABA + LAMA ^{^4-5}

^{^4} ICS=inhaled corticosteroid, LABA=long-acting beta-agonist, LAMA=long-acting muscarinic antagonist

^{^5} 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.

Revised: May 2026

Original: September 2021

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