

## **Pharmacy Drug Policy Checklist**

POLICY NAME	Non-Preferred ICS Inhalers	POLICY #	2386P

## Criteria

Coverage Criteria	
	1.1 Documented diagnosis of asthma
	<b>1.2</b> Documentation of previous trial and subsequent failure, intolerance, or contraindication to Asmanex, and Pulmicort, and QVAR RediHaler