

Pharmacy Drug Policy Checklist

POLICY NAME	Combination Medications for EHB	POLICY #	
Criteria			
Coverage Criteria			
<input type="checkbox"/> 1.1 Documentation that member has tried and failed individual components, OR			
<input type="checkbox"/> 1.2 Provider statement as to why individual components cannot be used			

Criteria

Coverage Criteria

- ☐ 1.1 Documentation that member has tried and failed individual components, OR
- ☐ 1.2 Provider statement as to why individual components cannot be used