Pharmacy Drug Policy Checklist

POLICY NAME	Non Preferred ICS/LABA Combination Inhalers	POLICY #	2247P

Criteria

Exclusion Criteria – Any of the following prevents coverage

- ☐ **3.1** Advair and Breo Ellipta will not be covered for any non-FDA-approved indications

Coverage Criteria for Asthma

- ☐ **1.1** Documented diagnosis of asthma
- ☐ **1.2** Documentation of previous trial and subsequent failure, intolerance, or contraindication to Dulera and Symbicort
- ☐ **1.3** Coverage in members age 12 and under will also require review for prior authorization

Coverage Criteria for COPD

- ☐ **2.1** Documented diagnosis of COPD
- ☐ **2.2** Documentation of previous trial and subsequent failure, intolerance, or contraindication to Symbicort