

<b>POLICY NAME</b>	Non Preferred ICS/LABA Combination Inhalers	<b>POLICY #</b>	<b>2247P</b>
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## Criteria

### 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

### Exclusion Criteria – Any of the following prevents coverage

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