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| <b>POLICY NAME</b> | Non-Preferred ICS Inhalers | <b>POLICY #</b> | 2386P |
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## Criteria

### Coverage Criteria

- ☐ Documented diagnosis of asthma
- ☐ Documentation of previous trial and subsequent failure, intolerance, or contraindication to Asmanex, and Pulmicort, and QVAR RediHaler