



# Pharmacy Drug Policy Checklist

|                    |                                 |                 |       |
|--------------------|---------------------------------|-----------------|-------|
| <b>POLICY NAME</b> | Combination Medications for EHB | <b>POLICY #</b> | 3150P |
|--------------------|---------------------------------|-----------------|-------|

## Criteria

### Coverage Criteria

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