

# Pharmacy Drug Policy Checklist

**POLICY NAME**

Non-Preferred ICS Inhalers

**POLICY #**

2386P

## Criteria

### Coverage Criteria

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