

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

Coverage Criteria for Asthma

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

Coverage Criteria for COPD

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

Exclusion Criteria – Any of the following prevents coverage

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