Formulary Advair HFA will be covered on the prescription drug benefit when the following criteria are met:

- Patient has documented contraindication, intolerance, or treatment failure to an adequate trial** of Advair Diskus (fluticasone/salmeterol inhalation powder).
  -OR-

- Dose Change Only: Patient previously met criteria and is already taking the drug.

Note(s):
** An adequate trial is generally considered approximately 30 days of use; unless there is an adverse reaction or barrier to appropriately utilize a dry powder inhaler device.