Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

budesonide/formoterol (SYMBICORT)

Non-formulary Symbicort 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 at least 30 days of use.