

PURPOSE OF THE POLICY

To establish guidelines to evaluate the appropriateness for override of criteria-based drug policy.

STATEMENT OF THE POLICY

Pulmicort Respules require prior authorization for coverage, and applies to new starts only for Part D.

PROCEDURES

1. Clinical Pharmacist Review Criteria

- 1.1 All approved FDA indications not otherwise excluded from Part D.
- 1.2 Pulmicort Respules® will adjudicate with no Prior Authorization requirements, if the patient is six (6) years of age or less.
- 1.3 For patients over six (6) years of age, the following criteria will apply for coverage:
 - Trial and failure with a formulary dry powder inhaler, metered-dose inhaler and/or spacer device
 - Patient disability (chart documentation required)
 - Tracheostomy patients
 - Patients with decreased inspiratory ability (chart documentation required)

HISTORY

1.1.09-Thowerton-created for Medicare D 2009

1/1/2010-Thowerton - P&T no changes

1/1/2011-Thowerton –P&T no chngs

1.1.2011-thowerton- removed 1.4 other cases to be reviewed by Med Dir

1.1.2012-Thowerton- clarified 1.2 that claim for pt 6yo or less will adjudicate without PA for CMS outlier justifications