

# HealthAlliance**MEDICARE**

## **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 Pulmicort Respules® will be covered only if the patient is six (6) years of age or less.
- 1.2 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)
- 1.3 All other cases must be reviewed by a Medical director for coverage