

Budesonide-Formoterol (Symbicort) PA Criteria
Effective 10/18/2015 - PA required for new starts only (no claim within 90 days)

1. Is the patient being treated for an OHP funded condition?
 - a. If Yes, Go to question #2.
 - b. If No, Review documentation for relevant comorbid conditions that are funded by OHP. If there are relevant comorbid conditions, move to question #2. If there are no relevant comorbid conditions, Cat. 1 denial.
Cat 1: Not a covered benefit. Provider submitted diagnosis code is not for an OHP funded condition. No relevant comorbid conditions found in the provider submitted documentation.

2. Does the patient have a diagnosis of asthma?
 - a. If Yes, Go to question #3.
 - b. If No, Go to question #4.

3. Does the provider submitted documentation indicate that patient has tried and failed an inhaled corticosteroid (with consistent adherence), or that patient has moderate to severe persistent asthma? Moderate to severe persistent asthma is defined as daily symptoms, daily to weekly nighttime awakenings, daily use of SABA needed for symptom control (not prevention of exercise induced bronchospasm), FEV₁ < 80 percent predicted, FEV₁/FVC reduced ≥ 5 percent of normal range per age (≤ 75 % for patients under 40, ≤ 70 % for patients 40 to 59, ≤ 65 % for patients over 59), and/or ≥ 2 exacerbations per year that require oral systemic corticosteroids.
 - a. If Yes, **Approve**.
 - b. If No, Forward to Medical Director for medical appropriateness (Cat 5 denial)
Cat 5: Not medically appropriate. ICS-LABA combination inhalers are not recommended as initial therapy for patients with intermittent asthma or mild persistent asthma.

4. Does the patient have a diagnosis of COPD?
 - a. If Yes, Go to question #5.
 - b. If No, Cat. 3 denial.
Cat 3: Not a covered benefit. Symbicort is only FDA approved for the treatment of asthma and COPD.

5. Does the provider submitted documentation indicate that patient has moderate to severe airflow obstruction, a history of persistent respiratory symptoms (e.g. CAT score > 10), or high risk for future exacerbations requiring oral corticosteroid treatment (e.g. ≥ 2 exacerbations and/or ≥ 1 hospitalization for an exacerbation over the last year)? Moderate to severe airflow obstruction in COPD is defined as FEV₁ < 50 percent predicted.
 - a. If Yes, **Approve**.
 - b. If No, Forward to Medical Director for medical appropriateness (Cat 5 denial)
Cat 5: Not medically appropriate. ICS-LABA combination inhalers are not recommended for the treatment of COPD unless patient has moderate to severe airflow obstruction.

Guide to Denial Categories	Reason for Denial
Category 1	The condition is not on a funded line
Category 3	The use of the medication is considered experimental/ investigational (usually applies to off-label use of a medication)
Category 5	Not medically appropriate
Category 15	Formulary medications have not been exhausted