

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

beclomethasone (QVAR RediHaler)

Notes:

^ adequate trial is defined as at least 2 weeks of treatment duration

Initiation (new start) criteria: Non-formulary **beclomethasone (QVAR RediHaler)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient is at least 5 years of age.
- Patient has documented contraindication, intolerance, or treatment failure to an adequate^ trial to ciclesonide (Alvesco), and either mometasone furoate (Asmanex HFA, Asmanex Twisthaler) or fluticasone propionate (Flovent HFA)

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **generic (Brand)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient is at least 5 years of age.
- Patient has documented contraindication, intolerance, or treatment failure to an adequate^ trial to ciclesonide (Alvesco), and either mometasone furoate (Asmanex HFA, Asmanex Twisthaler) or fluticasone propionate (Flovent HFA)

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