Criteria-Based Consultation Prescribing Program
CRITERIA FOR DRUG COVERAGE
beclomethasone (QVAR RediHaler)

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 old
  -AND-
- Patient has documented contraindication, intolerance, or treatment failure to an adequate* trial of ciclesonide (Alvesco)

- 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.