

# 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<sup>^</sup> 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 **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<sup>^</sup> trial to ciclesonide (Alvesco), and either mometasone furoate (Asmanex HFA, Asmanex Twisthaler) or fluticasone propionate (Flovent HFA)

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