



## Prior Authorization Approval Criteria

### *Alvesco (Ciclesonide)*

<b>Generic name:</b>	Ciclesonide
<b>Brand name:</b>	Alvesco
<b>Medication class:</b>	corticosteroid
<b>FDA-approved uses:</b>	treatment of asthma in patients $\geq$ 12 years old
<b>Available dosage forms:</b>	HFA MDI 80 mcg and 160 mcg/inhalation
<b>Usual dose:</b>	80-320 mcg twice daily
<b>Approximate monthly cost:</b> (based on AWP 2009)	\$174.50-\$349/month
<b>Duration of therapy:</b>	Indefinite

**Criteria for use** (*bullet points below are all inclusive unless otherwise noted*):

- Must have clinically documented asthma
- Must be 12 years of age or older
- Must have tried and failed at least 2 other inhaled steroids.

**Contraindication:**

- Patients with status asthmaticus or other acute episodes or asthma
- Patients with a known hypersensitivity to ciclesonide or any of the ingredients of Alvesco.

**Not approved if:**

- Patient does not meet the above stated criteria.
- Patient has any contraindications to the use of Alvesco.

FCHP Pharmacy and Therapeutics Committee approval: \_\_\_\_\_

Date: \_\_\_\_\_

Adopted: 09/09/09