

Pharmacy Policy Bulletin

Title: Intranasal Steroids

Policy #: Rx.01.45

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, gender or quantity restrictions. Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly and updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

▶ Intent:

Intranasal steroids are used for a variety of disorders including nasal polyps, non-allergic rhinitis, perennial allergic rhinitis and seasonal allergic rhinitis.

The use of Beclomethasone (Beconase AQ), Budesonide (Rhinocort Aqua), Ciclesonide (Omnaris), Fluticasone Furoate (Veramyst), Brand Flonase, and Triamcinolone (Nasacort AQ) require prior authorization (i.e. clinical pharmacy and/or Medical Director review).

▶ Description:

Intranasal steroids provide anti-inflammatory effects on the nasal mucosa. Their exact mechanism is unknown but corticosteroids have been shown to have a wide range of actions on multiple cell types (e.g., mast cells, eosinophils, neutrophils, macrophages, lymphocytes) and mediators (e.g. histamine, eicosanoids, leukotrienes, cytokines) involved in inflammation.

▶ Policy:

Beconase AQ, Brand Flonase, Brand Nasacort AQ, Omnaris, Rhinocort AQ, and Veramyst are approved when one of the following inclusion criteria is met:

- Documentation of a trial and failure or contraindication to a generic nasal corticosteroid (e.g. flunisolide or fluticasone propionate)
- Documentation of a trial and failure or contraindication to Mometasone (Nasonex)

▶ Guidelines:

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION


Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the pharmacy benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

▶ References:

Beconase AQ [package insert]. Research Triangle Park, NC: GlaxoSmithKline; October 2006.
Nasacort® AQ [package insert]. Bridgewater, NJ: Aventis; September 2006.
Rhinocort Aqua® [package insert]. Wilmington, DE: AstraZeneca; January 2005.
Nasarel® [package insert]. Miami, FL: Ivax Laboratories; October 2002.

Flonase® [package insert]. Research Triangle Park, NC: GlaxoSmithKline; August 2007.
 Nasonex® [package insert]. Kenilworth, NJ: Schering Corporation; September 2005.
 Veramyst® [package insert]. Research Triangle Park, NC: GlaxoSmithKline; April 2007.
 Facts and Comparisons 4.0 Available at www.online.factsandcomparisons.com. Accessed February 29, 2012.

Applicable Drugs:

 Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Brand Name	Generic Name
Beconase AQ	Beclomethasone
Flonase	Fluticasone propionate
Nasacort AQ	Triamcinolone
Omnaris	Ciclesonide
Rhinocort Aqua	Budesonide
Veramyst	Fluticasone Furoate

Cross References:

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