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 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:

The intent of this policy is to communicate the medical necessity criteria for beclomethasone (Beconase AQ®), budesonide (Rhinocort Aqua®), ciclesonide (Omnaris®), fluticasone furoate (Veramyst®), fluticasone (Flonase®), beclomethasone (Qnasl®), triamcinolone (Nasacort AQ®), mometasone furoate (Nasonex®), and ciclesonide (Zetonna®) as provided under the member's pharmacy benefit.

Description:

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

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®, Flonase®, Nasacort AQ®, Nasonex®, Omnaris®, Rhinocort AQ®, Qnasl®, Zetonna® and Veramyst®** are approved when there is inadequate response or inability to tolerate THREE of the following generic nasal sprays:

1. Budesonide
2. Flunisolide
3. Fluticasone propionate
4. Triamcinolone acetonide

**Black Box Warning:**

None

**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:**


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.

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beconase AQ</td>
<td>beclomethasone</td>
</tr>
<tr>
<td>Flonase</td>
<td>fluticasone propionate</td>
</tr>
<tr>
<td>Nasacort AQ</td>
<td>triamcinolone</td>
</tr>
<tr>
<td>Nasonex</td>
<td>mometasone furoate</td>
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<tr>
<td>Omnaris</td>
<td>ciclesonide</td>
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<tr>
<td>Rhinocort Aqua</td>
<td>budesonide</td>
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<tr>
<td>Veramyst</td>
<td>fluticasone furoate</td>
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<tr>
<td>Qnasl</td>
<td>beclomethasone dipropionate</td>
</tr>
<tr>
<td>Zetonna</td>
<td>ciclesonide</td>
</tr>
</tbody>
</table>

Cross References:
your specific benefit program for the terms, conditions, limitations and exclusions of your coverage. Independence does not provide health care services, medical advice or treatment, or guarantee the outcome or results of any medical services/treatments. The facility and professional providers are responsible for providing medical advice and treatment. Facility and professional providers are independent contractors and are not employees or agents of Independence. If you have a specific medical condition, please consult with your doctor. Independence reserves the right at any time to change or update its Policy Bulletins. ©2015 Independence Blue Cross. All Rights Reserved.

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