

**Nasal Steroids**  
**Effective 04/17/2019**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input type="checkbox"/> Prior Authorization
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

**Overview**

Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

Initial Step-Therapy Requirements:

**First-Line:** Medications listed on first-line are covered without prior-authorization.

**Second-Line:** Second-line medications will pay if the member has filled all first-line medications or a second-line medication within the past 180 days.

**Coverage Guidelines**

FIRST-LINE	SECOND-LINE
flunisolide ( <i>compare to Nasalide 25mcg</i> ) flunisolide ( <i>compare to Nasarel 29mcg</i> ) fluticasone propionate ( <i>compare to Flonase</i> )	budesonide nasal Triamcinolone ( <i>compare to Nasacort AQ</i> )

If a member does not meet the initial step therapy requirements, then approval of a second-line medication will be granted if the member meets the following criteria:

**Triamcinolone Nasal:**

1. The member has had a documented side effect, allergy or treatment failure with fluticasone propionate (Flonase®) **AND**
2. The member has had a documented side effect, allergy or treatment failure with flunisolide **AND**



3. The member has had a documented side effect, allergy or treatment failure with Nasacort Allergy 24Hr OTC (triamcinolone)

#### **Budesonide Nasal:**

1. The member is pregnant **OR**
1. The member has had a documented side effect, allergy or treatment failure with fluticasone propionate (Flonase®) **AND**
2. The member has had a documented side effect, allergy or treatment failure with flunisolide **AND**
3. The member has had a documented side effect, allergy or treatment failure with Rhinocort Allergy OTC (budesonide) **AND**
4. The member has had a documented side effect, allergy or treatment failure with Nasacort Allergy 24Hr OTC (triamcinolone)

#### **Limitations**

1. Approvals will be granted for 12 months.

#### **References**

1. Mylan-Budesonide AQ (budesonide) [product monograph]. Etobicoke, Ontario, Canada: Mylan Pharmaceuticals ULC; May 2018
2. Flunisolide [package insert]. Tampa (FL): Bausch & Lomb Inc.; 2012 Dec.
3. Flunisolide [package insert]. Weston (FL): Apotex Corp.; 2012 Jul.
4. Flonase (fluticasone) [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; January 2019
5. Nasacort AQ (triamcinolone acetate spray) [prescribing information]. Laval, Quebec, Canada: Sanofi-Aventis Canada Inc; October 2018
6. Namazy J, Schatz M. The treatment of allergic respiratory disease during pregnancy. *J Investig Allergol Clin Immunol*. 2016;26(1):1-7

#### **Review History**

06/18/07 – Reviewed  
10/22/07 – Bi-weekly Drug File  
11/26/07 – Reviewed  
06/16/08 – Reviewed  
09/22/08 – Reviewed  
06/15/09 – Updated  
06/21/10 – Reviewed  
08/18/10 – Adjudication rules update  
06/27/11 – Reviewed  
08/01/11 – Triamcinolone  
06/25/12 – Reviewed  
12/01/12 – RxAuth  
04/15/13 – Qnasl & Zetonna  
06/24/13 – Reviewed  
04/28/14 – Nasacort OTC  
04/27/15 – Reviewed  
04/25/16 – Rhinocort Allergy  
07/2016 – Added Flonase Sensimist; removed Veramyst  
04/17/19 – Updated



09/21/22 – Reviewed at Sept P&T; Separated Comm/Exch vs MH policy; no clinical updates

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