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, quantity, or formulary restrictions (ie limits on non-preferred drugs). 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®), ciclesonide (Omnaris®), beclomethasone (Qnasl®/Qnasl®Children’s), mometasone furoate (Nasonex®), azelastine hydrochloride and fluticasone propionate (Dymista), 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:**
1. For the management of nasal polyps (treatment or prevention of reoccurrence), Beconase AQ® and mometasone (Nasonex®), are approved when there is inadequate response or inability to tolerate generic fluticasone propionate
2. For all other FDA approved indications, Beconase AQ®, Children’s Qnasl®*, azelastine hydrochloride and fluticasone propionate (Dymista), mometasone (Nasonex®), Omnaris®, Qnasl®, and Zetonna® are approved when there is inadequate response or inability to tolerate BOTH of the following generic nasal sprays:
   a. Flunisolide
   b. Fluticasone propionate

*Fluticasone propionate is approved for children under 6 years of age
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:

<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>Dymista</td>
<td>azelastine hydrochloride and fluticasone propionate</td>
</tr>
<tr>
<td>Nasonex</td>
<td>mometasone furoate</td>
</tr>
<tr>
<td>Omnaris</td>
<td>ciclesonide</td>
</tr>
</tbody>
</table>
The Policy Bulletins on this website were developed to assist AmeriHealth in administering the provisions of the respective benefit programs, and do not constitute a contract. If you are an AmeriHealth member, please refer to your specific benefit program for the terms, conditions, limitations and exclusions of your coverage. AmeriHealth 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 AmeriHealth. If you have a specific medical condition, please consult with your doctor. AmeriHealth reserves the right at any time to change or update its Policy Bulletins. ©2017 AmeriHealth, Inc. All Rights Reserved.