Policies Repository

AmeriHealth.

Policy Title	Fluticasone Furoate (Veramyst®) Nasal Spray
Policy Number	FS.CLIN.30

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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. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. 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.

Policy

Fluticasone furoate (Veramyst®) nasal spray is indicated for the treatment of symptoms of seasonal and perennial allergic rhinitis in adults and children 2 years of age and older.

The use of fluticasone furoate (Veramyst®) requires prior authorization (ie, clinical pharmacy and/or Medical Director review).

Policy Description

Fluticasone furoate (Veramyst®) nasal spray is a synthetic trifluorinated corticosteroid with potent anti-inflammatory activity. The precise mechanism through which fluticasone furoate (Veramyst®) affects rhinitis symptoms is unknown, but corticosteroids have been shown to have a wide range of actions on multiple cell types (eg, mast cells, eosinophils, neutrophils, macrophages, lymphocytes) and mediators (eg, histamine, eicosanoids, leukotrienes, cytokines) involved in inflammation.

Policy Guideline Inclusion

Fluticasone furoate (Veramyst®) is approved when there is documentation of a diagnosis of seasonal or perennial allergic rhinitis and **one** of the following:

- Documentation that the individual is 2 or 3 years of age, with documentation of trial and failure of or intolerance/contraindication/allergy to mometasone furoate monohydrate (Nasonex®) and triamcinolone acetonide (Nasacort AQ)
- Documentation that the individual is 4 years of age or older, with documentation of trial and failure of or intolerance/contraindication/allergy to fluticasone propionate containing nasal product and one of the following:
  - Mometasone furoate monohydrate (Nasonex®)
  - Triamcinolone acetonide (Nasacort® AQ)

Policy Guideline Exclusion

Fluticasone furoate (Veramyst®) is denied when **any** of the following exclusion criteria are present:

- No documentation of diagnosis of seasonal or perennial allergic rhinitis
- The individual is 2 or 3 years of age, with no documentation of trial and failure of or intolerance/contraindication/allergy to mometasone furoate monohydrate (Nasonex®) and triamcinolone acetonide (Nasacort AQ)
- The individual is 4 years of age or older, with no documentation of trial and failure of or intolerance/contraindication/allergy to fluticasone propionate containing nasal product and either mometasone furoate monohydrate (Nasonex®) or triamcinolone acetonide (Nasacort® AQ)
- The individual is younger than 2 years of age

Policy List of Applicable Drugs

Brand Name	Generic Name
Veramyst	fluticasone furoate

Dosing and Administration

Refer to the specific manufacturer's prescribing information for administration and dosage details for each specific agent.

Policy References

Facts & Comparisons. Veramyst®. [Facts & Comparisons Web site]. Available at: http://online.factsandcomparisons.com [via subscription only]. Accessed September 1, 2008.

Micromedex. Veramyst®. [Micromedex web site]. Available at: http://www.micromedex.com [via subscription only]. Accessed September 1, 2008.

Veramyst® [package insert]. Triangle Park, NC: GlaxoSmithKline, Inc.; 2007. Also available online at: http://us.gsk.com/products/assets/us_veramyst.pdf. Accessed October 16, 2008.

Policy Link to Related Policies

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