

## NASAL STEROIDS PA SUMMARY

<b>PREFERRED</b>	All generics (except flunisolide and triamcinolone), Beconase AQ, fluticasone, Nasacort AQ, Nasonex
<b>NON-PREFERRED</b>	All branded products with generics available, Flonase, Flunisolide (25 mcg/actuation and 29 mcg/actuation), Nasarel, Omnaris, Qnasl, Rhinocort Aqua, Triamcinolone Acetonide Nasal Spray (generic), Veramyst

**LENGTH OF AUTHORIZATION:** 1 Year

### PA CRITERIA:

- ❖ Claims history reviewed for the use of 2 preferred agents within the last 6 months. If Veramyst, claims history is reviewed for 1 claim of fluticasone and 1 claim of another preferred product within the last 6 months. If Qnasl, claims history reviewed for 1 claim of Beconase AQ and 1 claim of another preferred product within the last 6 months.
- ❖ If no preferred agents in profile, physician should submit documentation of ineffectiveness, allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to at least two preferred products.
- ❖ In addition, flunisolide is also approvable if the member is taking a CYP3A4 inhibitor that could interact with preferred nasal steroids and the member is unable to use Beconase AQ due to ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects.
- ❖ Rhinocort Aqua is approvable for pregnant patients.
- ❖ Veramyst requires a written letter of medical necessity stating the reason(s) that generic fluticasone and Nasonex are not appropriate for the member.
- ❖ Qnasl requires a written letter of medical necessity stating the reason(s) that brand-name Beconase AQ and at least one other preferred medication are not appropriate for the member.

### EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

### PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.