



**GEORGIA MEDICAID FEE-FOR-SERVICE
NASAL STEROIDS PA SUMMARY**

Preferred	Non-Preferred
Fluticasone propionate generic	Beconase AQ (beclomethasone dipropionate) Flunisolide generic Mometasone furoate generic Omnaris (ciclesonide) Qnasl (beclomethasone dipropionate) Qnasl Childrens (beclomethasone dipropionate) Xhance (fluticasone propionate 93 mcg) Zetonna (ciclesonide)

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

Flunisolide Generic

- ❖ Approvable for members who have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to the preferred product, fluticasone propionate (Flonase)

OR

- ❖ Approvable for members taking a CYP3A4 inhibitor that could interact with the preferred product, fluticasone propionate (Flonase).

Xhance

- ❖ Prescriber must submit a letter of medical necessity stating the reasons the preferred product, fluticasone propionate (Flonase), is not appropriate for the member.

All Other Non-Preferred Products

- ❖ Approvable for members who have experienced ineffectiveness, allergy, contraindication, drug-drug interaction or intolerable side effect to the preferred product, fluticasone propionate (Flonase).

EXCEPTIONS:

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

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.



PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

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