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DRUG POLICY

Intranasal Steroids, Antihistamines and Combination Products

NOTICE

This policy contains information which is clinical in nature. The policy is not medical advice. The information in this policy is used by Wellmark to make determinations whether medical treatment is covered under the terms of a Wellmark member's health benefit plan. Physicians and other health care providers are responsible for medical advice and treatment. If you have specific health care needs, you should consult an appropriate health care professional. If you would like to request an accessible version of this document, please contact customer service at 800-524-9242.

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the Intranasal Steroid policy is to encourage the use of intranasal steroid agents that are available over the counter (OTC) prior to the use of prescription brand or generic intranasal steroid agents when clinically appropriate due to the high degree of therapeutic interchangeability within the class.

Beconase AQ[®], Nasonex[®], Omnaris[®], Qnasl[®], Qnasl[®] Childrens, Zetonna[®], and generic equivalents are intranasal steroids that provide anti-inflammatory effects on the nasal mucosa. They are effective in managing symptoms of itching, nasal congestion, rhinorrhea, and sneezing associated with perennial and seasonal rhinitis. Dymista[®] is a combination product containing a nasal corticosteroid (fluticasone) and a nasal antihistamine (azelastine). Patanase[®] and generic equivalents are a nasal antihistamine indicated for the relief of symptoms of seasonal allergic rhinitis.

POLICY

- I. Beconase AQ[®], Nasonex[®], Omnaris[®], Qnasl[®], Qnasl[®] Childrens, Zetonna[®], Patanase[®], and generic equivalents may be considered **medically necessary** for patients 6 years of age and older when the following criteria is met:
 - Patient must have an inadequate response, contraindication, or adverse reaction to ALL OTC intranasal corticosteroids: Flonase Allergy Relief, Flonase Sensimist, Nasacort Allergy 24HR, AND Rhinocort OTC unless the patient is currently receiving a positive therapeutic outcome on the requested medications through health insurance (excludes obtainment as samples or via manufacturer's patient assistance programs).

Approval will be for lifetime.

II. Nasonex[®], Qnasl[®] Childrens, and generic equivalents may be considered **medically necessary** for patients younger than 6 years of age when all of the following criteria is met:

- Patient must have an inadequate response, contraindication, or adverse reaction to ALL of the following OTC intranasal corticosteroids, Flonase Allergy Relief, Flonase Sensimist, AND Nasacort Allergy 24HR unless the patient is currently receiving a positive therapeutic outcome on the requested medications through health insurance (excludes obtainment as samples or via manufacturer's patient assistance programs).

Approval will be for lifetime.

III. Dymista[®] may be considered **medically necessary** for the treatment of seasonal allergic rhinitis when the following criteria is met:

- Patient must have a medical justification for why they cannot take intranasal azelastine and intranasal fluticasone separately (i.e. intolerance or contraindication to an inactive ingredient in both intranasal azelastine and intranasal fluticasone separately)

Approval will be for lifetime.

IV. Beconase AQ[®], Dymista[®], Nasonex[®], Omnaris[®], Qnasl[®], Qnasl[®] Childrens, Zetonna[®], Patanase[®], and generic equivalents are considered **not medically necessary** for patients who do not meet the criteria set forth above.

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

- Code(s), if applicable.

REFERENCES

- Beconase AQ Nasal Spray [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; April 2005.
- Nasacort AQ Nasal Spray [prescribing information]. Bridgewater, NJ: Sanofi-Aventis Pharmaceutical Inc.; July 2013.
- Flonase Nasal Spray [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; August 2007.
- Nasonex [prescribing information]. Kenilworth, NJ: Schering Corporation; March 2013.
- Rhinocort Aqua[®] Nasal Spray [prescribing information]. Wilmington, DE: AstraZeneca LP; December 2010.
- Veramyst[®] nasal spray [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; August 2012.
- Omnaris[®] nasal spray [prescribing information]. Marlborough, MA: Sepracor Inc; June 2013.
- Triamcinolone acetonide nasal spray [prescribing information]. Sellersville, PA: Teva; August 2013.
- Zetonna[®] [prescribing information]. Marlborough, MA: Sunovion Pharmaceuticals; January 2012.
- Qnasl[®] [prescribing information]. Horsham, PA: Teva Respiratory; March 2014.
- Qnasl[®] Childrens [prescribing information]. Horsham, PA: Teva Respiratory; December 2014.
- Dymista[™] Nasal Spray [prescribing information]. Somerset, New Jersey: MEDA; November 2012.

- Nasacort® Allergy 24HR nasal spray [prescribing information]. Chattanooga, TN: Chattem, Inc.; October 2013.
- Patanase® Nasal Spray [prescribing information]. Fort Worth, TX: Alcon Laboratories, Inc. 2009.
- American Academy of Otolaryngology – Head and Neck Surgery. Clinical Practice Guidelines: Allergic Rhinitis. Otolaryngol Head Neck Surg. 2015 Feb; 152(1): S1-43.
- Joint Task Force on Practice Parameters: American Academy of Allergy, Asthma and Immunology; the American College of Allergy, Asthma and Immunology; and the Joint Council of Allergy, Asthma and Immunology. The diagnosis and management of rhinitis: An updated practice parameter. J Allergy Clin Immunol. 2008; 122(2):S1-S84.

POLICY HISTORY

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