Nasal Steroids
Effective April 17, 2019

<table>
<thead>
<tr>
<th>Plan</th>
<th>Program Type</th>
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<tbody>
<tr>
<td>☒ MassHealth</td>
<td>☒ Prior Authorization</td>
</tr>
<tr>
<td>☒ Commercial/Exchange</td>
<td>☐ Quantity Limit</td>
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<tr>
<td>☒ Pharmacy Benefit</td>
<td>☒ Step Therapy</td>
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<tr>
<td>☐ Medical Benefit (NLX)</td>
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<thead>
<tr>
<th>Specialty Limitations</th>
<th>Specialty Medications</th>
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<tbody>
<tr>
<td>N/A</td>
<td>All Plans Phone: 866-814-5506 Fax: 866-249-6155</td>
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<tr>
<th>Contact Information</th>
<th>Non-Specialty Medications</th>
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<tbody>
<tr>
<td>MassHealth</td>
<td>Phone: 877-433-7643</td>
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<tr>
<td>Commercial</td>
<td>Phone: 800-294-5979</td>
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<tr>
<td>Exchange</td>
<td>Phone: 855-582-2022</td>
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| Medical Specialty Medications (NLX) | All Plans Phone: 844-345-2803 Fax: 844-851-0882 |

Overview
Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

Initial Step-Therapy Requirements:
First-Line: Medications listed on first-line are covered without prior-authorization.
Second-Line: Second-line medications will pay if the member has filled all first-line medications or a second-line medication within the past 180 days.

Coverage Guidelines

<table>
<thead>
<tr>
<th>FIRST-LINE</th>
<th>SECOND-LINE</th>
</tr>
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<tbody>
<tr>
<td>flunisolide (compare to Nasalide 25mcg)</td>
<td>budesonide nasal</td>
</tr>
<tr>
<td>flunisolide (compare to Nasarel 29mcg)</td>
<td>Triamcinolone (compare to Nasacort AQ)</td>
</tr>
<tr>
<td>fluticasone propionate (compare to Flonase)</td>
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If a member does not meet the initial step therapy requirements, then approval of a second-line medication will be granted if the member meets the following criteria:

Triamcinolone Nasal:
1. The member has had a documented side effect, allergy or treatment failure with fluticasone propionate (Flonase®,) AND
2. The member has had a documented side effect, allergy or treatment failure with flunisolide AND
3. The member has had a documented side effect, allergy or treatment failure with Nasacort Allergy 24Hr OTC (triamcinolone)

**Budesonide Nasal:**
1. The member is pregnant OR
2. The member has had a documented side effect, allergy or treatment failure with fluticasone propionate (Flonase®) AND
3. The member has had a documented side effect, allergy or treatment failure with flunisolide AND
4. The member has had a documented side effect, allergy or treatment failure with Rhinocort Allergy OTC (budesonide) AND
5. The member has had a documented side effect, allergy or treatment failure with Nasacort Allergy 24Hr OTC (triamcinolone)

**Limitations**
1. Approvals will be granted for 12 months.

**References**
1. Mylan-Budesonide AQ (budesonide) [product monograph]. Etobicoke, Ontario, Canada: Mylan Pharmaceuticals ULC; May 2018
4. Flonase (fluticasone) [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; January 2019
5. Nasacort AQ (triamcinolone acetonide spray) [prescribing information]. Laval, Quebec, Canada: Sanofi-Aventis Canada Inc; October 2018

**Review History**
06/18/07 – Reviewed
10/22/07 – Bi-weekly Drug File
11/26/07 – Reviewed
06/16/08 – Reviewed
09/22/08 – Reviewed
06/15/09 – Updated
06/21/10 – Reviewed
08/18/10 – Adjudication rules update
06/27/11 – Reviewed
08/01/11 – Triamcinolone
06/25/12 – Reviewed
12/01/12 – RxAuth
04/15/13 – Qnasl & Zetonna
06/24/13 – Reviewed
04/28/14 – Nasacort OTC
04/27/15 – Reviewed
04/25/16 – Rhinocort Allergy
07/2016 – Added Flonase Sensimist; removed Veramyst
04/17/19 - Updated
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