SmartPA Criteria Proposal

Drug/Drug Class:	Corticosteroids & Rhinitis Agents, Intranasal PDL Edit
First Implementation Date:	March 16, 2005
Proposed Date:	April 18, 2023
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	☐Existing Criteria ☒Revision of Existing Criteria ☐New Criteria

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected: Intranasal corticosteroids are considered first-line therapy in the treatment and prevention of allergic rhinitis. These products are often compared to antihistamines, decongestants, and mast cell stabilizers, but add several positive effects to the response, including suppression of late phase and attenuation of early phase allergic reactions, reduction of all nasal symptoms, and relief of symptoms associated with upper airway inflammation.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:

Preferred Agents	Non-Preferred Agents
• Fluticasone Nasal Rx	• Azelastine/Fluticasone • Beconase AQ® • Budesonide Nasal • Dymista® • Flunisolide • Fluticasone Nasal OTC • Mometasone Furoate • Nasacort® OTC • Omnaris® • Qnasl® • Rhinocort® Allergy OTC • **Ryaltris™** • Sinuva® • Triamcinolone Nasal • Xhance® • Zetonna®

Type of Criteria:
☐ **Increased risk of ADE** ☒ **Preferred Drug List**
☐ **Appropriate Indications** ☐ **Clinical Edit**

Data Sources:
☐ **Only Administrative Databases** ☒ **Databases + Prescriber-Supplied**

Setting & Population

- Drug class for review: Corticosteroids and Rhinitis Agents, Intranasal
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- For non-preferred agents:
  - Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents
    - Documented trial period of preferred agents **OR**
    - Documented ADE/ADR to preferred agents **AND**
  - **For Dymista and Ryaltris: documented therapeutic trial of both azelastine nasal spray and fluticasone nasal spray**
  - For Sinuva **and Xhance**: Clinical consultant review required

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met

Required Documentation

Laboratory Results:	☐	Progress Notes:	☐
MedWatch Form:	☐	Other:	☐

Disposition of Edit

Denial: Exception Code “0160” (Preferred Drug List)
Rule Type: PDL

Default Approval Period

1 year

References

- Evidence-Based Medicine and Fiscal Analysis: “Therapeutic Class Review: RESPIRATORY: Intranasal Steroids”, Gainwell Technologies; Last updated January 25, 2023.
- Evidence-Based Medicine Analysis: “Corticosteroids and Rhinitis Agents, Intranasal”, UMKC-DIC; Last updated November 2022.
- USPDI, Micromedex; 2023.
- Facts and Comparisons eAnswers (online); 2023 Clinical Drug Information, LLC.