

SmartPA Criteria Proposal

Drug/Drug Class:	Corticosteroids and Rhinitis Agents – Intranasal PDL Edit
First Implementation Date:	March 16, 2005
Proposed Date:	March 19, 2020
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	<input checked="" type="checkbox"/> Existing Criteria <input type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> 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. All of the intranasal steroids are FDA approved for the treatment of seasonal allergic rhinitis and perennial allergic rhinitis. Contraindications, warnings, adverse drug events, and drug interactions are similar for all products and are considered class effects.

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

Program-Specific Information:

Preferred Agents	Non-Preferred Agents
<ul style="list-style-type: none"> Fluticasone Nasal Rx 	<ul style="list-style-type: none"> Beconase AQ® Budesonide Nasal Dymista® Flonase® Flunisolide Fluticasone Nasal OTC Mometasone Furoate Nasacort® OTC Nasonex® Rx Omnaris® Qnasl® Rhinocort® Allergy OTC Rhinocort® AQ Sinuva™ Triamcinolone Nasal Xhance™ Zetonna®

Type of Criteria: Increased risk of ADE

Preferred Drug List

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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

- Failure to achieve desired therapeutic outcomes with trial on 1 or more preferred agents
 - Documented trial period of preferred agents
 - Documented ADE/ADR to preferred agents

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met

Required Documentation

Laboratory Results:
MedWatch Form:

Progress Notes:
Other:

Disposition of Edit

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

Default Approval Period

1 year

References

1. Evidence-Based Medicine and Fiscal Analysis: "Intranasal Corticosteroids – Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; January 2020.
2. Evidence-Based Medicine Analysis: "Nasal Steroids and Rhinitis Agents", UMKC-DIC; February 2020.
3. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2020.
4. USPDI, Micromedex; 2020.
5. Facts and Comparisons eAnswers (online); 2020 Clinical Drug Information, LLC.

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