Corticosteroids and Rhinitis Agents – Intranasal

Effective 07/11/2013
Revised 5/2/2019

Preferred Agents

- Fluticasone Nasal Rx
- Ipratropium Nasal
- Triamcinolone Nasal OTC

Non-Preferred Agents

- Beconase AQ®
- Budesonide Nasal OTC
- Dymista®
- Flonase®
- Flonase® Sensimist™
- Flunisolide Rx Nasal
- Fluticasone Nasal OTC
- Mometasone Furoate
- Nasacort® OTC
- Nasonex® Rx
- Omnaris®
- Qnasl®
- Rhinocort® Allergy OTC
- Sinuva®
- Xhance®
- Zetonna®

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  - Documented trial period for preferred agents
  - Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030