Original Effective Date: 03/2012
Current Effective Date: 12/01/2025
Last P&T Approval/Version: 10/29/2025
Next Review Due By: 10/2026
Policy Number: C4730-A

Nasal Steroids

PRODUCTS AFFECTED

Beconase AQ (beclomethasone), budesonide, Flonase Sensimist (fluticasone furoate), flunisolide, mometasone, Nasacort (triamcinolone acetonide), Nasonex (mometasone), Omnaris (ciclesonide), Qnasl (beclomethasone), Rhinocort (budesonide), triamcinolone acetonide, Xhance (fluticasone propionate), Zetonna (ciclesonide)

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Seasonal or perennial allergic rhinitis, Allergic rhinitis, Nonallergic rhinitis, Nasal polyp treatment (XHANCE/NASONEX/RHINOCORT), Prophylaxis of nasal polyp recurrence following surgical removal (BECONASE AQ)

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit

shall be a mandatory generic and that generic drugs will be dispensed whenever available.

A. SEASONAL OR PERENNIAL ALLERGIC RHINITIS, ALLERGIC RHINITIS, NON-ALLERGIC RHINITIS:
1. Documented diagnosis of one of the following: allergic rhinitis, seasonal or perennial allergic rhinitis, or nonallergic rhinitis
AND
2. Documentation of adequate trial (30 days) and failure or absolute contraindication to ALL formulary or preferred nasal steroid products.

B. NASAL POLYPS:
1. Documented diagnosis of nasal polyps
AND
2. Documentation of ONE of the following:
(i) The member has tried and failed ALL formulary nasal steroid alternatives AND generic nasal steroid NON-formulary drugs with matching member indication PRIOR to use of the requested therapy
OR
(ii) The prescriber has provided documentation from the member's medical record stating that ALL nasal steroid formulary alternatives AND generic nasal steroid NON-formulary drugs are contraindicated, likely to be less effective, or cause an adverse reaction or other harm for the member
OR
(iii) The prescriber states that the member is currently receiving the requested medication and is at medical risk if therapy changes

CONTINUATION OF THERAPY:
A. FOR ALL INDICATIONS:
1. Documentation of chart notes demonstrating member's response to therapy and improvement or stabilization of symptoms (if used for prophylaxis)
AND
2. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity

DURATION OF APPROVAL:
Initial authorization: 12 months, Continuation of Therapy: 12 months

PRESCRIBER REQUIREMENTS:
None

AGE RESTRICTIONS:
2 years of age and older: Nasacort (triamcinolone acetonide), Flonase Sensimist (fluticasone furoate), Nasonex (mometasone)
4 years of age and older: Qnasl (beclomethasone)
6 years of age and older: Rhinocort (budesonide), flunisolide, Beconase AQ (beclomethasone), Omnaris (ciclesonide)
12 years of age and older: Zetonna (ciclesonide)
18 years of age and older: Xhance (fluticasone propionate)

QUANTITY:
OTC triamcinolone acetonide (Nasacort OTC, Children's Nasacort, Nasal Allergy Spray and all other commercially available OTC triamcinolone acetonide agents): 55mcg/actuation, 1 inhaler/30days
budesonide (Rhinocort Aqua), OTC budesonide, OTC Rhinocort Allergy: 32 mcg/actuation, 2 inhalers/30 days
Beconase AQ (beclomethasone): 42 mcg/actuation, 2 inhalers/30 days
Flonase Sensimist, Children's Flonase Sensimist (fluticasone furoate): 27.5mcg/actuation, 1 inhaler/30

days
Flunisolide: 25mcg/actuation, 3 inhalers/30 days
mometasone (Nasonex): 50 mcg/actuation, 1 inhaler/30 days
Omnaris (ciclesonide): 50 mcg/actuation, 1 inhaler/30 days
QNASL (beclomethasone dipropionate): 80mcg/actuation, 1 inhaler/30 days
Qnasl Children's: 40mcg/actuation, 1 inhaler/30 days
Xhance (fluticasone): 93 mcg/actuation, 2 inhalers/30 days
Zetonna (ciclesonide): 37mcg/actuation, 1 inhaler/30 days

PLACE OF ADMINISTRATION:
The recommendation is that intranasal medications in this policy will be for pharmacy benefit coverage and patient self-administered.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Intranasal

DRUG CLASS:
Nasal Steroids

FDA-APPROVED USES:
- Temporarily relieves symptoms of hay fever or other upper respiratory allergies (nasal congestion, runny nose, sneezing, itchy nose)
- Treatment of nasal symptoms associated with seasonal and perennial allergic rhinitis
- Relief of the symptoms of nonallergic (vasomotor) rhinitis
- XHANCE/NASONEX/RHINOCORT ONLY- Treatment of chronic rhinosinusitis with nasal polyps (CRSwNP)
- BECONASE AQ ONLY- Prevention of nasal polyp recurrence following surgical removal

COMPENDIAL APPROVED OFF-LABELED USES:
Rhinosinusitis

APPENDIX

APPENDIX:
None

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:
None

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:
All other uses are considered experimental/investigational and therefore, will follow Molina's Off-Label policy. FDA labeled contraindications are exclusions to any therapy.

OTHER SPECIAL CONSIDERATIONS:
None

CODING/BILLING INFORMATION

CODING DISCLAIMER. *Codes listed in this policy are for reference purposes only and may not be all-inclusive or applicable for every state or line of business. Deleted codes and codes which are not*

effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does not guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry-standard coding practices for all submissions. Molina has the right to reject/deny the claim and recover claim payment(s) if it is determined it is not billed appropriately or not a covered benefit. Molina reserves the right to revise this policy as needed.

HCPCS CODE	DESCRIPTION
NA	

AVAILABLE DOSAGE FORMS:

Product Name	Package Size
Allergy Nasal Spray (Momet) SUSP 50MCG/ACT	17ML
Allergy Spray 24 Hour AERO 55MCG/ACT	16.9ML
Allergy Spray 24 Hour AERO 55MCG/ACT	10.8ML
Budesonide SUSP 32MCG/ACT	8.43ML
CVS Budesonide SUSP 32MCG/ACT	8.43ML
CVS Nasal Allergy Spray AERO 55MCG/ACT	16.9ML
EQ Budesonide Nasal SUSP 32MCG/ACT	8.43ML
EQ Nasal Allergy AERO 55MCG/ACT	16.9ML
EQ Nasal Allergy AERO 55MCG/ACT	10.8ML
Flonase Sensimist Childrens SUSP 27.5MCG/SPRAY	5.9ML
Flonase Sensimist SUSP 27.5MCG/SPRAY	5.9ML
Flonase Sensimist SUSP 27.5MCG/SPRAY	9.1ML
Flonase Sensimist SUSP 27.5MCG/SPRAY	6.6ML
Flunisolide SOLN 25 MCG/ACT (0.025%)	25ML
FT 24 Hour Nasal Allergy AERO 55MCG/ACT	16.9ML
GNP 24 Hour Nasal Allergy AERO 55MCG/ACT	16.9ML
GNP Budesonide Nasal Spray SUSP 32MCG/ACT	8.43ML
GoodSense Nasal Allergy Spray AERO 55MCG/ACT	16.9ML
Mometasone Furoate SUSP 50MCG/ACT	17GM
Mometasone Furoate SUSP 50MCG/ACT	10ML
Mometasone Furoate SUSP 50MCG/ACT	17ML
Nasacort Allergy 24HR AERO 55MCG/ACT	16.9ML
Nasacort Allergy 24HR AERO 55MCG/ACT	10.8ML
Nasacort Allergy 24HR AERO 55MCG/ACT	6.8ML
Nasal Allergy 24 Hour AERO 55MCG/ACT	16.9ML
Nasonex 24HR SUSP 50MCG/ACT	7.5ML
Nasonex 24HR SUSP 50MCG/ACT	17ML
Nasonex 24HR SUSP 50MCG/ACT	10ML
Omnaris SUSP 50MCG/ACT	12.5GM
Qnasl AERS 80MCG/ACT	10.6GM
Qnasl Childrens AERS 40MCG/ACT	6.8GM
RA Budesonide SUSP 32MCG/ACT	8.43ML
RA Nasal Allergy AERO 55MCG/ACT	16.9ML
Triamcinolone Acetonide AERO 55MCG/ACT	16.9ML
Xhance EXHU 93MCG/ACT	16ML

REFERENCES

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2. Children's Flonase Sensimist (fluticasone) [prescribing information]. Warren, NJ: GlaxoSmithKline; April 2023.
3. Flonase Sensimist (fluticasone) [prescribing information]. Warren, NJ: GlaxoSmithKline; January 2023.
4. Flunisolide solution [prescribing information]. Bridgewater, NJ: Bausch Health US, LLC; May 2019.
5. Nasacort Allergy 24HR (triamcinolone acetonide) [OTC drug label]. Chattanooga, TN: Chattem, Inc.; June 2023.July 2024.
6. Nasonex (mometasone intranasal) [package insert]. Jersey City, NJ: Organon LLC; February 2023.
7. Omnaris (ciclesonide) [prescribing information]. Zug, Switzerland: Covis Pharma; May 2019.
8. Qnasl (beclomethasone) [prescribing information]. Parsippany, NJ: Teva Pharmaceuticals USA Inc; September 2022.
9. Rhinocort Allergy Spray (budesonide) [prescribing information]. Fort Washington, PA: McNeil Consumer Healthcare; March 2023.
10. Xhance (fluticasone propionate) [prescribing information]. Yardley, PA: OptiNose US, Inc; March 2024.
11. Zetonna (ciclesonide) [prescribing information]. Zug, Switzerland: Covis Pharma; February 2023.
12. Jankowski R, Schrewelius C, Bonfils P, et al: Efficacy and tolerability of budesonide aqueous nasal spray treatment in members with nasal polyps. Arch Otolaryngol Head Neck Surg 2001; 127:447- 452.
13. Holopainen E, Grahne B, Malmberg H, et al: Budesonide in the treatment of nasal polyposis. Eur J Respir Dis 1982; 63(suppl 122):221-228.

SUMMARY OF REVIEW/REVISIONS	DATE
REVISION- Notable revisions: Required Medical Information Available Dosage Forms	Q4 2025
REVISION- Notable revisions: Coding/Billing Information Template Update Required Medical Information Available Dosage Forms	Q4 2024
REVISION- Notable revisions: Diagnosis Required Medical Information Continuation of Therapy FDA-Approved Uses Compendial Approved Off-Labeled Uses Contraindications/Exclusions/Discontinuation Available Dosage Forms References	Q4 2023
REVISION- Notable revisions: Products Affected Diagnosis Required Medical Information Age Restrictions Quantity Available Dosage Forms References	Q4 2022
REVISION- Notable revisions: Required Medical Information	Q2 2022

Q2 2022 Established tracking in new format	Historical changes on file