

NASAL STEROID STEP THERAPY

The NASAL STEROID step therapy program allows for payment of mometasone nasal spray (Nasonex) if the MAHP plan participant has had trial with another nasal steroid spray.

# Days for claims review for select or first line drugs:	130 days
# Different generics from select or first line drugs:	1 generic code
History effective date:	130 days prior to effective date
Grandfathering:	Yes
On-line Pharmacy Message:	Use generic Flonase 1 st
Override allowed:	Yes
Override NCPCP #:	75
Override Criteria:	Standard. If not, provide Client-specific criteria

If the step therapy rule is not met at the point of service (when the prescription is processed at the pharmacy), the pharmacy will be directed, via electronic messaging from the PBM, to contact the practitioner for an alternative nasal steroid spray. **Should the practitioner choose to use the second line nasal steroid spray without meeting the step therapy criteria, and the participant wants the prescription given special consideration for payment from their prescription drug benefit, the practitioner must contact Health Care Services at MAHP and provide additional clinical/medical information.** If the medical/clinical information meets criteria for a medical exception to this step therapy, a prior authorization may be granted.

	FIRST-LINE DRUGS	SECOND-LINE DRUGS
MEDICATIONS	fluticasone nasal spray (generic for FLONASE) flunisolide nasal spray (generic for NASALIDE)	mometasone nasal spray (Nasonex) budesonide nasal spray (Rhinocort Aqua) NF beclomethasone nasal spray (Beconase AQ) NF triamcinolone nasal spray (Nasacort AQ) NF fluticasone furoate nasal spray

		(Veramyst) NF ciclesonide (Omnaris) NF
CRITERIA FOR USE	Driven by formulary status of drug and MAC policies. **Processing of brand name first-line drug will cause ancillary charges to participant	Participants who have failed the first line medications will be given a prior authorization.

Revised: May 2009

Revised: October 2010