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Intranasal Steroids and Combination Products

NOTICE

This policy contains information which is clinical in nature. The policy is not medical advice. The information in this policy is used by Wellmark to make determinations whether medical treatment is covered under the terms of a Wellmark member's health benefit plan. Physicians and other health care providers are responsible for medical advice and treatment. If you have specific health care needs, you should consult an appropriate health care professional. If you would like to request an accessible version of this document, please contact customer service at 800-524-9242.

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the Intranasal Steroids and Combination Products policy is to encourage the use of intranasal steroid agents that are available over the counter (OTC) prior to the use of prescription brand or generic intranasal steroid agents and combination products when clinically appropriate due to the high degree of therapeutic interchangeability within the class.

Beconase AQ[®], Omnaris[®], Qnasl[®], Qnasl[®] Childrens, Zetonna[®], and generic equivalents are intranasal steroids that provide anti-inflammatory effects on the nasal mucosa. They are effective in managing symptoms of itching, nasal congestion, rhinorrhea, and sneezing associated with perennial and seasonal rhinitis. Ryaltris[™] is a combination product containing a nasal corticosteroid (mometasone furoate) and a nasal antihistamine (olopatadine).

POLICY

- I. Beconase AQ[®], Omnaris[®], Qnasl[®], Qnasl[®] Childrens, Zetonna[®], and generic equivalents may be considered **medically necessary** for patients 6 years of age and older when the following criteria is met:
 - Patient must have an inadequate response, contraindication, or adverse reaction to ALL OTC intranasal corticosteroids: Flonase Allergy Relief, Flonase Sensimist, Nasacort Allergy 24HR, Nasonex 24HR Allergy, AND Rhinocort OTC unless the patient is currently receiving a positive therapeutic outcome on the requested medications through health insurance (excludes obtainment as samples or via manufacturer's patient assistance programs).

Approval will be for 24 months.

- II. Qnasl® Childrens and generic equivalents may be considered **medically necessary** for patients younger than 6 years of age when all of the following criteria is met:
- Patient must have an inadequate response, contraindication, or adverse reaction to ALL of the following OTC intranasal corticosteroids, Flonase Allergy Relief, Flonase Sensimist, Nasonex 24HR Allergy, AND Nasacort Allergy 24HR unless the patient is currently receiving a positive therapeutic outcome on the requested medications through health insurance (excludes obtainment as samples or via manufacturer's patient assistance programs).

Approval will be for 24 months.

- III. Ryaltris™ may be considered **medically necessary** for the treatment of seasonal allergic rhinitis in adult and pediatric patients 12 years of age and older when the following criteria is met:
- Patient must have a medical justification for why they cannot take intranasal olopatadine and intranasal mometasone separately (i.e. intolerance or contraindication to an inactive ingredient in both intranasal olopatadine and intranasal mometasone separately)

Approval will be for 24 months.

- IV. Beconase AQ®, Ryaltris™, Omnaris®, Qnasl®, Qnasl® Childrens, Zetonna®, and their generic equivalents are considered **not medically necessary** for patients who do not meet the criteria set forth above.

Members currently receiving the requested medication as samples or via the manufacturer's patient assistance program will be required to meet the criteria for initial approval. This ensures that members are treated equally regardless of their provider's ability to access medication samples.

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

- Code(s), if applicable.

REFERENCES

- Beconase AQ Nasal Spray [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; April 2021.
- Flonase Allergy Relief Spray [prescribing information]. Research Triangle Park, NC: GlaxoSmithKline; June 2021.
- Rhinocort Aqua® Nasal Spray [prescribing information]. Wilmington, DE: AstraZeneca LP; December 2010.
- Omnaris® nasal spray [prescribing information]. Marlborough, MA: Sepracor Inc; May 2019.
- Triamcinolone acetonide nasal spray [prescribing information]. Sellersville, PA: Teva; August 2013.
- Zetonna® [prescribing information]. Marlborough, MA: Sunovion Pharmaceuticals; February 2023.
- Qnasl® [prescribing information]. Horsham, PA: Teva Respiratory; September 2022.
- Qnasl® Childrens [prescribing information]. Horsham, PA: Teva Respiratory; December 2014.
- Ryaltris™ [prescribing information]. Columbus, OH: Hikma Specialty USA Inc.; August 2023.
- Nasacort® Allergy 24HR nasal spray [prescribing information]. Chattanooga, TN: Chattem, Inc.; October 2013.

- American Academy of Otolaryngology – Head and Neck Surgery. Clinical Practice Guidelines: Allergic Rhinitis. Otolaryngol Head Neck Surg. 2015 Feb; 152(1): S1-43.
- Joint Task Force on Practice Parameters: American Academy of Allergy, Asthma and Immunology; the American College of Allergy, Asthma and Immunology; and the Joint Council of Allergy, Asthma and Immunology. The diagnosis and management of rhinitis: An updated practice parameter. J Allergy Clin Immunol. 2008; 122(2):S1-S84.

POLICY HISTORY

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