



**GEORGIA MEDICAID FEE-FOR-SERVICE  
NASAL STEROIDS PA SUMMARY**

<b>Preferred</b>	<b>Non-Preferred</b>
Fluticasone propionate generic Nasonex (mometasone furoate)	Beconase AQ (beclomethasone dipropionate) Budesonide generic Flunisolide generic Omnaris (ciclesonide) Qnasl (beclomethasone dipropionate) Qnasl Childrens (beclomethasone dipropionate) Triamcinolone acetonide generic Veramyst (fluticasone furoate) Zetonna (ciclesonide)

**LENGTH OF AUTHORIZATION:** 1 Year

**NOTE:**

- ❖ Criteria for Dymista is located in the Intranasal Antihistamine PA Summary.

**PA CRITERIA:**

*Budesonide Generic*

- ❖ Approvable for members who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to 2 preferred products

*OR*

- ❖ Approvable for pregnant members.

*Flunisolide Generic*

- ❖ Approvable for members who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to 2 preferred products

*OR*

- ❖ Approvable for members taking a CYP3A4 inhibitor that could interact with preferred nasal steroids.

*Beconase AQ, Omnaris, Qnasl, Triamcinolone Acetonide Generic, Zetonna*

- ❖ Approvable for members who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions or intolerable side effects to 2 preferred products.

*Veramyst*

- ❖ Prescriber must submit a letter of medical necessity stating the reason(s) the preferred products, fluticasone propionate generic and Nasonex, are not appropriate for the member.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.



- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.