

# GENERIC STEP THERAPY PLANS (GSTP)

## DRUG CLASS

## NASAL STEROIDS

PGST SSB – Ref# 4589-D: Beconase AQ, Omnaris, Qnasl, Ryaltris, Zetonna

HPGST SSB – Ref# 4590-D: Beconase AQ, Omnaris, Qnasl, Ryaltris, Zetonna

TGST SSB – Ref# 4591-D: Beconase AQ, Omnaris, Qnasl, Ryaltris, Zetonna

**Status: CVS Caremark Criteria**

**Type: Initial Step Therapy; Post Step Therapy Prior Authorization**

### INITIAL STEP THERAPY

If the patient has filled a prescription for at least a 30 day supply of at least one brand or generic over-the-counter (OTC) nasal steroid or at least one generic prescription nasal steroid within the past 180 days under a prescription benefit administered by CVS Caremark, then the requested branded drug will be paid under that prescription benefit. If the patient does not meet the initial step therapy criteria, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

### COVERAGE CRITERIA

The branded nasal steroid will be covered with post step therapy prior authorization when the following criteria are met:

- The patient has experienced an inadequate treatment response after at least a 30 day trial of at least one brand or generic over-the-counter (OTC) nasal steroid or at least one generic prescription nasal steroid  
**OR**
- The patient has a documented contraindication or a potential drug interaction that would prohibit a trial of at least one brand or generic over-the-counter (OTC) nasal steroid or at least one generic prescription nasal steroid  
**OR**
- The patient has experienced an intolerance to at least one brand or generic over-the-counter (OTC) nasal steroid or at least one generic prescription nasal steroid

### RATIONALE

If the patient has filled a prescription for at least a 30 day supply of at least one brand or generic over-the-counter (OTC) nasal steroid or at least one generic prescription nasal steroid within the past 180 days under a prescription benefit administered by CVS Caremark, then the requested branded drug will be paid under that prescription benefit.

If the patient does not meet the initial step therapy criteria, then prior authorization is required.

If the patient has a documented contraindication or a potential drug interaction that would prohibit a trial of at least one brand or generic OTC drug or at least one prescription generic drug, then the requested brand drug will be covered. If the patient is intolerant to at least one brand or generic OTC drug or at least one prescription generic drug, then the requested brand drug will be covered. If the patient has tried at least one brand or generic OTC drug or at least one prescription generic drug for at least 30 days and had an inadequate treatment response, then the requested brand drug will be covered. If these requirements are met, then the approval duration is 24 months.

### REFERENCES

N/A

Written by: UM Development (SF/DFW)  
 Date Written: 03/2021  
 Revised: (DFW) 09/2021 (no clinical changes), 03/2022 (no clinical changes), 11/2022 (Added Ryaltris to PGST/HPGST/TGST targeting)  
 Reviewed: Medical Affairs: (CHART) 04/01/2021, 10/14/2021, 03/31/2022, 12/08/2022  
 External Review 06/2021, 02/2022, 06/2022, 12/2022

### **CRITERIA FOR APPROVAL**

- |   |   |     |    |
|---|---|-----|----|
| 1 | Has the patient experienced an inadequate treatment response after at least a 30 day trial of at least one brand or generic over-the-counter (OTC) nasal steroid or at least one generic prescription nasal steroid?<br>[If yes, then no further questions.]                      | Yes | No |
| 2 | Does the patient have a documented contraindication or a potential drug interaction that would prohibit a trial of at least one brand or generic over-the-counter (OTC) nasal steroid or at least one generic prescription nasal steroid?<br>[If yes, then no further questions.] | Yes | No |
| 3 | Has the patient experienced an intolerance to at least one brand or generic over-the-counter (OTC) nasal steroid or at least one generic prescription nasal steroid?  | Yes | No |

### **Mapping Instructions**

	Yes	No
1.	Approve, 24 months	Go to 2
2.	Approve, 24 months	Go to 3
3.	Approve, 24 months	Deny