DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Corticosteroids (Nasal) – Mometasone Drug Quantity Management Policy – Per Rx
- mometasone furoate nasal spray (generic only)

REVIEW DATE: 04/12/2023

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

OVERVIEW

Mometasone furoate nasal spray (generic to prescription Nasonex®, no longer available), a nasal corticosteroid, is indicated for:[1]
- **Prophylaxis of the nasal symptoms** of seasonal allergic rhinitis in patients ≥ 12 years of age.
- **Chronic rhinosinusitis with nasal polyps**, treatment in patients ≥ 18 years of age.

Dosing

The recommended dose of mometasone nasal spray in patients ≥ 12 years of age with seasonal allergic rhinitis is 2 sprays per nostril once daily (QD). For patients ≥ 18 years of age with chronic rhinosinusitis with nasal polyps, the recommended dose is 2 sprays per nostril twice daily. QD dosing may also be effective for some patients.

Availability

Mometasone nasal spray is available as a 17 g manual pump spray.[1] Each actuation delivers 50 mcg of mometasone furoate and there are 120 sprays per bottle.

In March 2022, the FDA-approval of Nasonex (mometasone furoate nasal spray) was changed from prescription to over-the-counter (OTC) status. Therefore, prescription brand Nasonex has been discontinued. Prescription generic products remain available. The OTC Nasonex 24HR Allergy product is NOT targeted in this policy.

POLICY STATEMENT

This Drug Quantity Management program has been developed to promote the safe, effective, and economic use of mometasone furoate nasal spray. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Drug Quantity Limits

Product	Strength and Form	Retail Maximum Quantity per Rx	Home Delivery Maximum Quantity per Rx
mometasone furoate nasal spray (generic only)	50 mcg/spray (120 sprays per 17 g bottle)	17 grams (1 bottle)*	51 grams (3 bottles)

Corticosteroids (Nasal) – Mometasone Drug Quantity Management Policy – Per Rx product(s) is(are) covered as medically necessary when the following criteria is(are) met. Any other exception is considered not medically necessary.

CRITERIA

1. If the patient is treating nasal polyps, approve the requested quantity, not to exceed 34 grams (2 bottles) per dispensing at retail or 102 grams (6 bottles) per dispensing at home delivery.

REFERENCES

1. Nasonex® [prescribing information]. Whitehouse Station, NJ: Merck; June 2022.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	Brand prescription Nasonex removed from the policy as it is no longer available.	04/13/2022
Annual Revision	Approval duration changed from 3 years to 1 year.	04/12/2023

	Policy was updated to include the existing quantity limits when the product is obtained via home delivery.	