

**Regence BlueCross BlueShield of Oregon · Regence BlueShield  
Regence BlueCross BlueShield of Utah · Regence BlueShield of Idaho  
Independent licensees of the Blue Cross and Blue Shield Association**

**Medication Policy Manual**

**Policy No:** dru169

**Topic:** Omnaris™, ciclesonide nasal spray

**Date of Origin:** April 7, 2009

**Revised Date:** April 7, 2009

**Next Review Date:** March 2010

**Effective Date:** June 1, 2009

**IMPORTANT REMINDER**

This Medical Policy has been developed through consideration of medical necessity, generally accepted standards of medical practice, and review of medical literature and government approval status.

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

The purpose of medical policy is to provide a guide to coverage. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care.

**Description**

Ciclesonide nasal spray (Omnaris™) is a corticosteroid used to treat nasal allergy symptoms.

## **Policy/Criteria**

- I.** Most contracts require prior authorization approval of ciclesonide nasal spray prior to coverage. Ciclesonide nasal spray may be considered medically necessary when at least one generic nasal corticosteroid (listed in Appendix 1) AND Nasacort AQ<sup>®</sup> (triamcinolone) nasal spray have been ineffective or not tolerated.
  
- II.** Administration and Authorization Period
  - A.** Regence considers ciclesonide nasal spray to be a self-administered medication.
  
  - B.** Authorization may be reviewed at least annually to confirm that current medical necessity criteria are met and that the medication is effective.

## **Position Statement**

- Available nasal spray products are considered equally effective and relatively safe when used in recommended doses.
  
- Generic options in the nasal corticosteroid class (flunisolide and fluticasone) provide the best value.
  
- Generic nasal steroids have been well-studied and have a long track record of safety and efficacy with adults and children as young as age 4.
  
- Among the brand name nasal corticosteroids, Nasacort AQ (triamcinolone) provides similar control of nasal allergy symptoms at the lowest cost.

## *Clinical Efficacy*

- There is no clear evidence supporting the superiority of one nasal corticosteroid spray over another in the treatment of seasonal or perennial allergic rhinitis. <sup>[1]</sup>
  
- Intranasal corticosteroids appear to offer superior symptom relief in allergic rhinitis when compared with antihistamines. <sup>[2, 3]</sup>

- National (American Academy of Allergy, Asthma & Immunology) and International (British Society for Allergy and Clinical Immunology) allergic rhinitis guidelines consider all of the nasal corticosteroids to have similar effectiveness. [4, 5]

*Safety*

- All nasal corticosteroids have similar side effect profiles.
- Studies in both children and adults have failed to demonstrate any consistent, clinically relevant effect from intranasal corticosteroids on the hypothalamic-pituitary-adrenal (HPA) axis, ocular pressure or cataract formation, or bone density. [4]
- Intranasal corticosteroids have been used during pregnancy. Gestational risk has not been confirmed in observational human data but clinical and epidemiologic studies on safety are limited. Beclomethasone (Beconase), budesonide (Rhinocort) (Pregnancy Category B), and fluticasone propionate (Flonase) have more accumulated safety data than triamcinolone (Nasacort), mometasone (Nasonex), and flunisolide (Nasarel). [4]
- The most common side effects include local nasal irritation, sore throat and nose bleeds.
- Proper administration technique may help to minimize side effects.

<b>Appendix 1: Generic Nasal Corticosteroid Alternatives</b>
<ul style="list-style-type: none"> <li>- flunisolide (Nasarel)</li> <li>- fluticasone (Flonase)</li> </ul>

<b>Appendix 2: Brand Name Nasal Corticosteroids</b>	
<p><b><i>Preferred/Formulary:</i></b></p> <ul style="list-style-type: none"> <li>- Nasacort AQ<sup>®</sup> (triamcinolone)</li> </ul>	<p><b><i>Non-preferred/Non-formulary:</i></b></p> <ul style="list-style-type: none"> <li>- AllerNaze<sup>™</sup> (triamcinolone)</li> <li>- Beconase AQ<sup>®</sup> (beclomethasone)</li> <li>- Nasonex<sup>®</sup> (mometasone)</li> <li>- Omnaris<sup>™</sup> (ciclesonide)</li> <li>- Rhinocort Aqua<sup>®</sup> (budesonide)</li> <li>- Veramyst<sup>®</sup> (fluticasone furoate)</li> </ul>

## References

1. Waddell AN, Patel SK, Toma AG, Maw AR. Intranasal steroid sprays in the treatment of rhinitis: is one better than another? *J Laryngol Otol*. 2003 Nov;117(11):843-5.
2. Nielsen LP, Dahl R. Comparison of intranasal corticosteroids and antihistamines in allergic rhinitis: a review of randomized, controlled trials. *Am J Respir Med*. 2003;2(1):55-65.
3. Long A, McFadden C, DeVine D, Chew P, Kupelnick B, et al. Management of Allergic and Nonallergic Rhinitis (Evidence Report/Technology Assessment No. 54 (Prepared by New England Medical Center Evidence-based Practice Center under Contract No. 290-97-0019). AHRQ Pub. No. 02-E024. Rockville, MD: Agency for Healthcare Research and Quality. May 2002.
4. Wallace, et al. The American Academy of Allergy, Asthma & Immunology, Inc. (AAAAI) The diagnosis and management of rhinitis: An updated practice parameter. 2008. *J Allergy Clin Immunol*. 122(2) S.
5. Scadding GK, Durham SR, Mirakian R, et al. BSACI guidelines for the management of allergic and non-allergic rhinitis. *Clin Exp Allergy*. 2008;38:19-42.

Cross References
AllerNaze™, triamcinolone nasal dru173
Beconase AQ®, beclomethasone nasal dru167
Nasacort AQ®, triamcinolone nasal dru166
Nasonex®, mometasone nasal dru168
Rhinocort Aqua®, budesonide nasal dru170
Veramyst®, fluticasone furoate nasal dru171

Codes	Number	Description
N/A		