



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

MOMETASONE SINUS IMPLANT (NSA)

Generic	Brand	HICL	GCN	Exception/Other
MOMETASONE FUROATE	SINUVA		44214	

GUIDELINES FOR USE

1. Does the patient have non-self-administered (NSA) drug benefit coverage?

If yes, continue to #2.

If no, guideline does not apply.

2. Does the patient have a diagnosis of nasal polyps and meet **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - The patient has had previous ethmoid sinus surgery (ESS)
 - The medication is prescribed by or given in consultation with an otolaryngologist
 - The patient is a candidate for repeat ethmoid sinus surgery due to refractory moderate to severe symptoms of nasal obstruction, nasal congestion or nasal polyps in both ethmoid sinuses
 - The patient had a previous trial of at least **TWO** intranasal corticosteroids (e.g., fluticasone, beclomethasone, flunisolide, ciclesonide, mometasone)

If yes, **approve #2 implants (1 per sinus) by GPID per lifetime.**

If no, do not approve.

DENIAL TEXT: The guideline named **MOMETASONE IMPLANT (Sinuva)** requires a diagnosis of nasal polyps. In addition, the following criteria must also be met:

- The patient is 18 years of age or older
- The patient has had previous ethmoid sinus surgery (ESS)
- The medication is prescribed by or given in consultation with an otolaryngologist
- The patient is a candidate for repeat ethmoid sinus surgery due to refractory moderate to severe symptoms of nasal obstruction, nasal congestion or nasal polyps in both ethmoid sinuses
- The patient had a previous trial of at least **TWO** intranasal corticosteroids (e.g., fluticasone, beclomethasone, flunisolide, ciclesonide, mometasone)

CONTINUED ON NEXT PAGE



**STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES**

MOMETASONE SINUS IMPLANT (NSA)

RATIONALE

To promote appropriate utilization of SINUVA based on FDA approved indication and dosing.

FDA APPROVED INDICATION

Sinuva Sinus Implant is a corticosteroid-eluting (mometasone furoate) implant indicated for the treatment of nasal polyps in patients ≥ 18 years of age who have had ethmoid sinus surgery

DOSAGE & ADMINISTRATION

One Sinuva Sinus Implant containing 1350 mcg of mometasone furoate. There are no studies evaluating repeat implantation of the Sinuva Sinus Implant.

The Sinuva Sinus Implant is loaded into a delivery system and placed in the ethmoid sinus under endoscopic visualization. The Implant may be left in the sinus to gradually release the corticosteroid over 90 days. The Implant can be removed at Day 90 or earlier at the physician's discretion using standard surgical instruments. Sinuva must be inserted by physicians trained in otolaryngology.

REFERENCES

- Sinuva [Prescribing Information]. Menlo Park, CA: Intersect ENT. December 2017.

Library	Commercial	NSA
Yes	Yes	Yes

Part D Effective: N/A

Commercial Effective: 08/01/18

Created: 05/18

Client Approval: 07/18

P&T Approval: 04/18