

The drug, Sinuva™ (Mometasone), is subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed below:

- Must have a diagnosis of chronic sinusitis with recurrent nasal polyps following ethmoid sinus surgery
- Must be at least 18 years old
- Must have tried and failed inhaled nasal corticosteroids to prevent recurrence of polyps following surgery

Reauthorization Criteria:

Reauthorization is not allowed for this one-time implant treatment.

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to 1 month (1 implant)
Reauthorization	N/A

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Sinuva [prescribing information]. Intersect ENT. Menlo Park, CA; December 2017.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.



Sinuva

POLICY NUMBER: *RX.PA.452*

REVISION DATE: *5/18*

PAGE NUMBER: 3 of 3

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
<i>New Policy</i>	<i>05/18</i>

