**MP 5.01.653**
Mometasone (Sinuva) Nasal Implant for Nasal Polyps

**Last Review:** 03/21/2019
**Effective Date:** 03/21/2019
**Section:** Prescription Drug

**DISCLAIMER/INSTRUCTIONS FOR USE**
Medical Policy provides general guidance for applying Blue Cross of Idaho benefit plans (for purposes of Medical Policy, the terms “benefit plan” and “member contract” are used interchangeably). Coverage decisions must reference the member specific benefit plan document. The terms of the member specific benefit plan document may be different than the standard benefit plan upon which this Medical Policy is based. If there is a conflict between a member specific benefit plan and the Blue Cross of Idaho’s standard benefit plan, the member specific benefit plan supersedes this Medical Policy. Any person applying this Medical Policy must identify member eligibility, the member specific benefit plan, and any related policies or guidelines prior to applying this Medical Policy. Blue Cross of Idaho Medical Policies are designed for informational purposes only and are not an authorization, explanation of benefits or a contract. Receipt of benefits is subject to satisfaction of all terms and conditions of the member specific benefit plan coverage. Blue Cross of Idaho reserves the sole discretionary right to modify all its Policies and Guidelines at any time. This Medical Policy does not constitute medical advice.

**POLICY**

**INITIAL CRITERIA**
Mometasone (Sinuva) nasal implant may be considered **medically necessary** if the following criteria are met:

1. The patient is diagnosed with recurrent nasal polyp disease AND
2. The patient is at least 18 years of age AND
3. The patient has a history of ethmoid sinus surgery AND
4. The patient has tried and failed two nasal corticosteroid sprays such as mometasone, fluticasone, budesonide, or triamcinolone AND
5. The patient has tried and failed one oral corticosteroid such as prednisone, methylprednisolone, or dexamethasone AND
6. The administering physician is an Otolaryngologist (ENT).

Length of Approval: one month (for one implantation)

**POLICY GUIDELINES**
Placed during a physician office visit, the implant expands into the sinus cavity and delivers an anti-inflammatory steroid directly to the site of polyp disease for 90 days.

**BENEFIT APPLICATION**

**BLUECARD/NATIONAL ACCOUNT ISSUES**

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State or federal mandates (eg, Federal Employee Program) may dictate that certain U.S. Food and Drug Administration–approved devices, drugs, or biologics may not be considered investigational, and thus these devices may be assessed only by their medical necessity.

BACKGROUND

Nasal polyps are inflammatory growths along the lining of nasal passages or sinuses that can cause nasal congestion, infections, and loss of sense of smell. Approximately 635,000 Americans have had previous sinus surgery and continue to see their ENT physicians for treatment of recurring symptoms.

RATIONALE

The efficacy of Sinuva was primarily based on a placebo-controlled study of 300 patients, ≥ 18 years of age, with nasal polyps and a history of ethmoid sinus surgery. The co-primary efficacy endpoints were change from baseline to day 30 in nasal obstruction/congestion score and change from baseline to day 90 in bilateral polyp grade.

- Sinuva-treated patients experienced a statistically significant reduction in nasal obstruction/congestion score vs. placebo-treated patients (-0.80 vs. -0.56, respectively; difference: -0.23 [95% CI: -0.39, -0.06]).
- Sinuva-treated patients experienced a statistically significant reduction in bilateral polyp grade vs. placebo-treated patients (-0.56 vs. -0.15, respectively; difference: -0.35 [95% CI: 0.60, -0.09]).

SUPPLEMENTAL INFORMATION

PRACTICE GUIDELINES AND POSITION STATEMENTS

Not applicable.

U.S. PREVENTIVE SERVICES TASK FORCE RECOMMENDATIONS

Not applicable.

MEDICARE NATIONAL COVERAGE

There is no national coverage determination. In the absence of a national coverage determination, coverage decisions are left to the discretion of local Medicare carriers.

ESSENTIAL HEALTH BENEFITS

The Affordable Care Act (ACA) requires fully insured non-grandfathered individual and small group benefit plans to provide coverage for ten categories of Essential Health Benefits (“EHBs”), whether the benefit plans are offered through an Exchange or not. States can define EHBs for their respective state.

States vary on how they define the term small group. In Idaho, a small group employer is defined as an employer with at least two but no more than fifty eligible employees on the first day of the plan or contract year, the majority of whom are employed in Idaho. Large group employers, whether they are self-funded or fully insured, are not required to offer EHBs, but may voluntary offer them.

The Affordable Care Act requires any benefit plan offering EHBs to remove all dollar limits for EHBs.

REFERENCES


**CODES**

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<td>HCPCS</td>
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<td>J33.8</td>
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<td>J33.9</td>
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**POLICY HISTORY**

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<tr>
<td>03/29/18</td>
<td>New Policy</td>
<td>Blue Cross of Idaho adopted new policy with literature review through 03/27/2018; added to Prescription Drug section. Effective date 06/19/2018.</td>
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<td>03/21/19</td>
<td>Replace</td>
<td>Blue Cross of Idaho annual review; no change to policy.</td>
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