



**BlueCross BlueShield
of North Carolina**

INTRANASAL STEROIDS CERTIFICATION FAXBACK

**INCOMPLETE FORMS MAY DELAY PROCESSING
ALL NC PROVIDERS MUST PROVIDE THEIR 5 DIGIT BCBSNC PROVIDER ID# BELOW**

PRESCRIBER INFORMATION		PATIENT INFORMATION	
PHYSICIAN NAME	PROVIDER ID/TAX ID (if out of state must have tax ID)	PATIENT NAME	
CONTACT PERSON/PRACTICE NAME		PATIENT'S BCBSNC ID	
PRACTICE PHONE	PRACTICE FAX	PATIENT'S DATE OF BIRTH	
PRACTICE ADDRESS	CITY	STATE	ZIP

The nonpreferred intranasal steroids listed below require physician written certification as of October 1, 2009. Coverage for intranasal steroids will be limited to preferred agents flunisolide, fluticasone propionate, and Nasonex[®], unless written certification is provided by the physician stating that the patient meets the specific criteria listed in the signature box below.

DIAGNOSIS: _____

NONPREFERRED DRUG REQUESTED:

- Beconase AQ[®]
- Nasacort AQ[®]
- Omnaris[®]
- Rhinocort Aqua[®]
- Veramyst[®]

PREFERRED DRUG(S) TRIED (Check at least one box):

- Flunisolide (generic or brand Nasarel[®])
- Fluticasone propionate (generic or brand Flonase[®])
- Mometasone furoate (Nasonex[®])

Please certify the following by signing and dating below:

The **above-referenced patient has previously used intranasal flunisolide, fluticasone propionate, or Nasonex[®]** and such drug has been detrimental to the patient's health or has been ineffective in treating the patient's condition and, in my opinion, is likely to be detrimental to the patient's health or ineffective in treating the condition again.

Prescriber's Signature Required: _____ Date: _____

Fax complete form to 1-888-348-7332