

Commercial/Healthcare Exchange PA Criteria

Effective: January 1, 2020

Prior Authorization: Dymista

Products Affected: Dymista (azelastine and fluticasone) 50 mcg/spray nasal suspension

Medication Description: Dymista is a combination of an antihistamine and a corticosteroid administered by nasal inhalation for treating the symptoms of seasonal allergic rhinitis.

Covered Uses: Seasonal Allergic Rhinitis

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. Previous therapies tried/failed

Age Restrictions: 6 years of age and older

Prescriber Restrictions: N/A

Coverage Duration: 12 Months

Other Criteria:

- A. The patient has a diagnosis of seasonal allergic rhinitis; AND
- B. The patient has had an intolerance to, or treatment failure of, at least a two-week trial of a generic nasal corticosteroid (flunisolide, fluticasone, mometasone, triamcinolone); AND
- C. The patient has had an intolerance to, or treatment failure of, at least a two-week trial of a generic azelastine nasal spray

References:

1. Product Information: DYMISTA^(R) nasal spray suspension, azelastine hydrochloride fluticasone propionate nasal spray suspension. Meda Pharmaceuticals Inc (per FDA), Somerset, NJ, 2015.

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	10/24/2019