

**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<sup>(R)</sup> 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