

PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

XHANCE
(fluticasone propionate nasal spray)

Status: CVS Caremark Criteria

Type: Initial Prior Authorization with Quantity Limit

POLICY

FDA-APPROVED INDICATIONS

Xhance is indicated for the treatment of chronic rhinosinusitis with nasal polyps (CRSwNP) in adult patients 18 years of age or older.

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the treatment of chronic rhinosinusitis with nasal polyps

AND

- The patient is 18 years of age or older

AND

- The request is NOT for continuation of therapy

AND

- The patient has experienced an inadequate treatment response to an alternative intranasal corticosteroid therapy

OR

- The patient has experienced an intolerance to an alternative intranasal corticosteroid therapy

OR

- The patient is not a candidate for a trial with an alternative intranasal corticosteroid therapy

OR

- The request is for continuation of therapy

AND

- The patient has achieved or maintained improvement in polyp grade and nasal congestion

Quantity Limits apply.

2 packages of 16 mL each (32 mL) / 25 days* or 6 packages of 16 mL each (96 mL) / 75 days*

* The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.

REFERENCES

1. Xhance [package insert]. Yardley, PA: OptiNose US, Inc; January 2023.
2. Lexicomp Online, Lexi-Drugs Online. Hudson, Ohio: UpToDate, Inc.; 2022; Accessed December 28, 2022.
3. Mometasone Furoate [package insert]. Weston, FL: Apotex Corp.; September 2022.
4. Beconase AQ [package insert]. Research Triangle Park, NC: GlaxoSmithKline; February 2021.
5. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed December 28, 2022.
6. Rosenfeld RM, Piccirillo JF, Chandrasekhar SS, et al. Clinical practice guideline (update): adult sinusitis. *Otolaryngol Head Neck Surg*. 2015;152(2 Suppl):S1-S39.