

XHANCE
(fluticasone propionate) nasal spray

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

Chronic rhinosinusitis

AND ALL of the following:

1. Inadequate treatment response to at least **TWO** of the following corticosteroid nasal sprays for a combined duration of at least three months:
 - a. Mometasone
 - b. Fluticasone
 - c. Budesonide
 - d. Triamcinolone
2. **NO** recent nasal ulcerations, nasal surgery, or nasal trauma
3. Prescriber agrees to monitor the patient for changes in vision and for increased intraocular pressure
4. Prescribed by or recommended by an Ear, Nose, and Throat (ENT) specialist or an allergist
5. Prescriber agrees to monitor the patient for systemic corticosteroid effects such as hypercorticism and adrenal suppression (including adrenal crisis)

Prior - Approval Limits

Quantity 6 bottles

Duration 3 months

Prior – Approval *Renewal* Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:



**BlueCross
BlueShield**

Federal Employee Program.

**XHANCE
(fluticasone propionate) nasal spray**

Chronic rhinosinusitis

AND ALL of the following:

1. **NO** recent nasal ulcerations, nasal surgery, or nasal trauma
2. Prescriber agrees to monitor the patient for changes in vision and for increased intraocular pressure
3. Prescriber agrees to monitor the patient for systemic corticosteroid effects such as hypercorticism and adrenal suppression (including adrenal crisis)

Prior - Approval *Renewal* Limits

Same as above