

**BECONASE AQ (beclomethasone),
fluticasone/azelastine (Dymista)
mometasone (Nasonex),
OMNARIS (ciclesonide),
QNASL (beclomethasone),
VERAMYST (fluticasone),
XHANCE (fluticasone EDS),
ZETONNA (ciclesonide),**

Diagnosis Considered for Coverage:

- Seasonal or perennial rhinitis

Coverage Criteria:

For fluticasone/azelastine (Dymista):

- For diagnosis listed above, **and**
- Inadequate response, intolerable side effect, or contraindication to nasal azelastine (Astelin, Astepro), **and**
- Dose does not exceed FDA label maximum.

For mometasone (Nasonex):

- For diagnosis listed above, **and**
- Inadequate response, intolerable side effect, or contraindication to nasal flunisolide (Nasarel) or nasal fluticasone (Flonase), OR Patient is < 4 years old, **and**
- Dose does not exceed FDA label maximum.

For Beconase AQ, Omnaris, Qnasl, Veramyst, Zetonna:

- For diagnosis listed above, **and**
- Inadequate response or intolerable side effect with TWO preferred nasal steroids including: fluticasone 50 mcg nasal spray, flunisolide 25 mcg nasal spray, and mometasone nasal spray, **and**
- Dose does not exceed FDA label maximum.

For Xhance:

- Being used for nasal polyps, **and**
- Patient is at least 18 years old, **and**
- Inadequate response to fluticasone nasal inhaler (Flonase) OR Intolerable side effect or contraindication to fluticasone nasal (Flonase) not expected with Xhance (fluticasone nasal inhaler).

For Brand Dymista & Nasonex:

- Meets above coverage criteria for generic, **and**
- Allergic or intolerable side effect to the generic formulation.

Coverage Duration: Length of benefit

Effective: 9/01/2020GF