

olopatadine-mometasone furoate nasal spray (RYALTRIS)

**Diagnoses Considered for Coverage:**

- Allergic rhinitis

**Coverage Criteria:**

**For diagnosis listed above:**

- Inadequate response, intolerable side effect, or contraindication to azelastine-fluticasone (generic Dymista), **and**
- Dose does not exceed 1 bottle per month.

**Coverage Duration:** one year

**References:**

1. Ryaltris [prescribing information]. Hikma Specialty USA Inc. 2022.

Effective Date: 1/31/2024