



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service
Prior Authorization Criteria

Xhance® (fluticasone propionate 93 mg nasal spray)
Effective -02/19/2020

Prior Authorization Request Form

XHANCE (fluticasone propionate 93 mg nasal spray) is a corticosteroid indicated for the treatment of nasal polyps in patients 18 years of age or older. This product is packaged with an Exhalation Delivery System designed for administration deep into the nasal passages.

Prior authorization requests for Xhance may be approved if the following criteria are met:

1. Must be prescribed by, or in consultation with, an ENT, allergist, or other suitable specialist; **AND**
2. Patient must meet all age and indication restrictions listed in the FDA label; **AND**
3. Member must have a diagnosis of nasal polyps which have been inadequately controlled after at least 3-months of therapy with any intranasal steroid.

Initial approval shall be for 90 days and continuation of coverage shall require documentation of reduction/elimination of nasal polyps and patient adherence to therapy.

References

- 1.) LexiComp monograph on Xhance (accessed 9/12/2019)
- 2.) Xhance package insert (revised: 09/2017)
- 3.) UpToDate review on the Clinical presentation, diagnosis, and treatment of nasal obstruction (updated 7/29/2019)