



UnitedHealthcare Pharmacy
Clinical Pharmacy Programs

Program Number	2024 P 3185-1
Program	Step Therapy
Medication	Xhance [®] (fluticasone propionate)*
P&T Approval Date	7/2024
Effective Date	1/1/2025

1. Background:

Xhance (fluticasone propionate)* is indicated for the treatment of chronic rhinosinusitis with and without nasal polyps (CRSwNP) in adults.

Step therapy programs are intended to encourage the use of lower cost alternatives for certain therapeutic classes. This program requires a member to try lower cost alternatives before providing coverage for Xhance*.

2. Coverage Criteria^a:

A. Chronic Rhinosinusitis with Nasal Polyps

1. **Xhance*** will be approved based on the following criterion:

a. History of failure, contraindication or intolerance to **both** of the following (document date tried):

- (1) Prescription fluticasone nasal spray (generic Flonase[®])
- (2) Prescription mometasone nasal spray (generic Nasonex[®])

Authorization will be issued for 12 months.

B. Chronic Rhinosinusitis without Nasal Polyps

1. **Xhance*** will be approved based on the following criterion:

a. History of failure, contraindication or intolerance to **three** of the following (document drug and date tried):

- (1) budesonide nasal spray (Rhinocort Allergy Spray)*
- (2) fluticasone nasal spray (generic Flonase[®], Flonase Allergy or Flonase Sensimist)
- (3) flunisolide nasal spray (generic Nasalide[®])
- (4) mometasone nasal spray (generic Nasonex[®] or Nasonex 24H Allergy)
- (5) triamcinolone nasal spray (Nasacort Allergy 24HR)*
- (6) Zetonna

Authorization will be issued for 12 months.

C. Other Indications

1. **Xhance*** will be approved based on the following criterion:
 - a. History of failure, contraindication or intolerance to **three** of the following (document drug and date tried):
 - (1) budesonide nasal spray (Rhinocort Allergy Spray)*
 - (2) fluticasone nasal spray (generic Flonase®, Flonase Allergy or Flonase Sensimist)
 - (3) flunisolide nasal spray (generic Nasalide®)
 - (4) mometasone nasal spray (generic Nasonex® or Nasonex 24H Allergy)
 - (5) triamcinolone nasal spray (Nasacort Allergy 24HR)*
 - (6) Zetonna

Authorization will be issued for 12 months.

^a State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.

***budesonide (generic Rhinocort), triamcinolone (generic Nasacort), and Xhance are typically excluded from coverage**

3. Additional Clinical Rules:

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

4. References:

1. Xhance [package insert]. Yardley, PA: OptiNose US, Inc; March 2024.
2. Rosenfeld, R, Piccirillo, JF, Chandrasekhar, SS, et. al. Clinical Practice Guideline (Update): Adult Sinusitis. *Otolaryngology–Head and Neck Surgery*. 2015: 152; S1-S39.

Program	Step Therapy – Xhance
Change Control	
Date	Change
7/2024	New program