



Berkshire West Area Prescribing Committee Policy Statement

Drug Name	Azelastine hydrochloride and fluticasone propionate Nasal Spray, 137 mcg/50 mcg (Dymista® Nasal Spray)
Indication under review	Treatment of allergic rhinitis
Policy No:	APC 015
Date of issue, date re-issued:	September 2013, November 2015
Review Date:	November 2018
Policy Statement: Dymista® is only recommended for prescribing in patients where all other treatment options have been exhausted (including fexofenadine and nasal corticosteroids such as beclomethasone) and the patient who would normally be prescribed azelastine and fluticasone as separate components.	
Traffic Light Status	Green
Key Points considered: <ul style="list-style-type: none">• Almost half of patients treated with Dymista® (49.1%) achieved a clinically significant 50% improvement in Total Nasal Symptom Score (TNSS).• Time to reach this was 5-6 days earlier than with fluticasone propionate or azelastine monotherapy.• Overall incidence of adverse reactions was 16% with Dymista®, 15% with azelastine HCl, 13% with fluticasone propionate, and 12% with placebo	
References: Bernstein JA, Munzel U, et al. Onset of Action of MP29-02 in the Treatment of Seasonal Allergic Rhinitis. J Allergy Clin Immunol 2011; 127; 2; Abstracts 199 Carr W, Shah SR, et al. MP29-02 in the Treatment of Nasal Symptoms of Seasonal Allergic Rhinitis. J Allergy Clin Immunol 2011; 127; 2; Abstracts 199 Marple BF, Fornadley JA, Patel AA, et al. Keys to successful management of patients with allergic rhinitis: focus on patient confidence, compliance, and satisfaction. Otolaryngol Head Neck Surg. 2007; 136:S107-S124. Juniper EF, Guyatt GH. Development and testing of a new measure of health status for clinical trials in rhinoconjunctivitis. Clin Exp Allergy, 1991;21:77-83	
Date 1st taken to APC:	4 th September 2013
Date re-ratified by MOC on Behalf of the Board:	18 th November 2015