NEW DRUG REVIEW

Proprietary Name: Veramyst Nasal Spray™

Common Name: Fluticasone Furoate

PDL Category: Antiasthmatic - Nasal Steroids

Comparable Products	Preferred Drug List/ Recommended Drug List Status
Flonase®	Preferred
Nasonex®	Preferred
Nasacort AQ®	Preferred

Summary

Indications and Usage: Treatment of seasonal and perennial allergic rhinitis

Mechanism of Action: Exact mechanism of action unknown; suspected to activate the glucocorticoid response element, inhibition of pro-inflammatory transcription factors, and inhibition of antigen-induced lung eosinophilia.

Dosage Forms: Nasal Spray; 27.5mcg per spray; 120 metered sprays per bottle.

Recommended Dosage: Adults & adolescents ≥ 12 years: 110 mcg (2 sprays per nostril) once daily
                        Children 2 – 11: 55mcg (1 spray per nostril) once daily

Common Adverse Drug Reactions: Headache, nose bleed, nasal sores, fever in children 2 – 11

Contraindications: Previous hypersensitivity to any component of the product

Manufacturer: GlaxoSmithKline

Analysis: Veramyst™ is a nasal steroid that has shown to be effective in clinical trials at relieving seasonal and perennial allergic rhinitis when compared to placebo. When used in patients 12 years of age and older, Veramyst™ has also shown to improve allergic eye symptoms in three prospectively designed studies. Greater reflective and instantaneous improvements in total nasal symptom scores were reported by seasonal and perennial allergic rhinitis patients when compared to the placebo control group. Veramyst™ has not yet been comparatively studied with other available nasal steroids. Other preferred intranasal steroids exist on the Preferred Drug List that effectively treat nasal allergy symptoms for patients 2 years of age and older and are more cost effective than Veramyst™. Additionally, opthalamic and oral antihistamines exist on the Preferred Drug List that effectively treat allergic eye symptoms that are also more cost effective than Veramyst™.

IME Recommendation:
☐ Preferred Drug   ☐ Recommended Drug
☒ Non-Preferred Drug   ☐ Non-Recommended Drug
☐ Preferred Drug with Conditions

Prepared By: Iowa Medicaid Enterprise   Date: 8/3/2007