

**GEORGIA MEDICAID FEE-FOR-SERVICE
INTRANASAL ANTIHISTAMINES PA SUMMARY**

Preferred	Non-Preferred
Azelastine 0.1% (137 mcg) generic	Astepro (azelastine 0.15%) Azelnastine 0.15% generic Dymista (azelastine 137 mcg/fluticasone 50 mcg) Olopatadine 0.6% nasal spray generic Patanase (olopatadine 0.6%)

LENGTH OF AUTHORIZATION: 1 Year

NOTE:

- ❖ If generic azelastine 0.15% is approved, the PA will be issued for brand Astepro. If olopatadine 0.6% generic is approved, the PA will be issued for brand Patanase.

PA CRITERIA:

Astepro and Azelastine 0.15% Generic

- ❖ Approvable for members 6 years of age or older with a diagnosis of seasonal allergic rhinitis who are currently using a nasal steroid or have had an inadequate response or intolerable side effects to a nasal steroid and have had an inadequate response or intolerable side effects to azelastine 0.1% (137mcg) nasal spray.
- ❖ Approvable for members 6 to 12 years of age with a diagnosis of perennial allergic rhinitis who are currently using a nasal steroid or have had an inadequate response or intolerable side effects to a nasal steroid.
- ❖ Approvable for members 12 years of age or older with a diagnosis of perennial allergic rhinitis who are currently using a nasal steroid or have had an inadequate response or intolerable side effects to a nasal steroid and have had an inadequate response or intolerable side effects to azelastine 0.1% (137mcg) nasal spray.
- ❖ In addition for generic azelastine 0.15%, prescriber must submit a written letter of medical necessity stating the reason(s) brand Astepro is not appropriate for the member.

For Dymista

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the two separate preferred products, generic azelastine 0.1% (137 mcg) nasal spray and generic fluticasone nasal spray, are not appropriate for the member.

Patanase and Olopatadine 0.6% Generic

- ❖ Approvable for members 6 years of age or older with a diagnosis of seasonal allergic rhinitis who are currently using a nasal steroid or have had an inadequate response or intolerable side effects with a nasal steroid and have had an inadequate response or intolerable side effects to azelastine 0.1% (137mcg) nasal spray.



- ❖ In addition for generic olopatadine 0.6%, prescriber must submit a written letter of medical necessity stating the reason(s) brand Patanase is not appropriate for the member.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.