

## PATANASE PA SUMMARY

**STATUS:** Non-Preferred

**LENGTH OF AUTHORIZATION:** 1 Year

**PA CRITERIA:**

- ❖ Approvable for members age 12 and older with seasonal allergic rhinitis who are either unable to use nasal steroids or Astelin nasal spray or in cases when these treatments did not fully resolve symptoms.
- ❖ Physician should submit documentation of inadequate response, intolerable side effects, allergies, contraindications, or drug-drug interactions to nasal steroids and Astelin nasal spray.

**EXCEPTIONS:**

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

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please go to [www.ghp.georgia.gov](http://www.ghp.georgia.gov), select the Provider Information tab, click on “view full text” in the Pharmacy Services box, click on “Prior Approval Process” in the list on the left.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please go to [www.ghp.georgia.gov](http://www.ghp.georgia.gov), select Provider Information, click on “view full list” in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.