

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

Preferred	Non-Preferred
Azelastine 0.1% (137 mcg) nasal spray generic	Azelastine 0.15% (205.5 mcg) nasal spray generic Dymista (azelastine 137 mcg/fluticasone 50 mcg nasal spray) Olopatadine 0.6% nasal spray generic

*mcg=microgram

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

Azelastine 0.15% (205.5 mcg) Nasal Spray 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, allergy contraindication, drug-drug interaction or intolerable side effect to a nasal steroid and have had an inadequate response or intolerable side effect to azelastine 0.1% (137 mcg) 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, allergy, contraindication, drug-drug allergy or intolerable side effect 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, allergy, contraindication, drug-drug interaction or intolerable side effect to a nasal steroid and have had an inadequate response or intolerable side effect to azelastine 0.1% (137 mcg) nasal spray.

Dymista

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

Olopatadine 0.6% Nasal Spray 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, allergy, contraindication, drug-drug interaction or intolerable side effect to a nasal steroid and have had an inadequate response or intolerable side effect to azelastine 0.1% (137 mcg) 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 **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.