GEORGIA MEDICAID FEE-FOR-SERVICE
NASAL ANTIHISTAMINES PA SUMMARY

<table>
<thead>
<tr>
<th>Preferred</th>
<th>Non-Preferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>Azelastine 0.1% (137 mcg) nasal spray generic</td>
<td>Azelastine 0.15% (205.5 mcg) nasal spray generic</td>
</tr>
<tr>
<td></td>
<td>Dymista (azelastine 137 mcg/fluticasone 50 mcg) nasal spray</td>
</tr>
<tr>
<td></td>
<td>Olopatadine 0.6% nasal spray generic</td>
</tr>
</tbody>
</table>

*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.

Revised 6/1/2019
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 current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on Other Documents, then select the most recent quarters QLL List.