SmartPA Criteria Proposal

Drug/Drug Class:	Antihistamines, Intranasal PDL Edit
First Implementation Date:	June 24, 2009
Proposed Date:	March 18, 2021
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	☒Existing Criteria ☐Revision of Existing Criteria ☐New Criteria

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected: Intranasal antihistamines are FDA approved for the relief of symptoms of seasonal allergic rhinitis. Contraindications, warnings, adverse drug events, and drug interactions are similar for all products and are considered class effects apart from use in children. Astepro® (0.1%) is approved for perennial allergic rhinitis in adults and children 6 months of age and older. Astelin® (0.1%) is approved for seasonal allergic rhinitis in adults and children 5 years of age and older. Patanase® is approved for adults and children 6 years of age and older.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:

Preferred Agents	Non-Preferred Agents
• Azelastine 0.1% (gen Astelin®)	• Astepro® • Azelastine 0.15% (gen Astepro®) • Olopatadine Nasal • Patanase®

Type of Criteria: ☒ **Increased risk of ADE** ☒ **Preferred Drug List**
☐ **Appropriate Indications** ☐ **Clinical Edit**

Data Sources: ☐ **Only Administrative Databases** ☒ **Databases + Prescriber-Supplied**

Setting & Population

- Drug class for review: Antihistamines, Intranasal
- Age range: 6 months to adult: Astepro®
- Age range: 5 years old to adult: Astelin®
- Age range: 6 years old to adult: Patanase®

Approval Criteria

- Participant is of appropriate ages per agent **AND**
- Failure to achieve desired therapeutic outcomes with trial on 1 preferred agent
  - Documented trial period of preferred agents **OR**
  - Documented ADE/ADR to preferred agents

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met

Required Documentation

Laboratory Results:	☐	Progress Notes:	☐
MedWatch Form:	☐	Other:	☐

Disposition of Edit

Denial: Exception Code "0160" (Preferred Drug List)
Rule Type: PDL

Default Approval Period

1 year

References

1. Evidence-Based Medicine Analysis: "Intranasal Antihistamines", UMKC-DIC; February 2021.
2. Evidence-Based Medicine and Fiscal Analysis: "Intranasal Antihistamines – Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; January 2021.
3. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2021.
4. USPDI, Micromedex; 2021.
5. Facts and Comparisons eAnswers (online); 2021 Clinical Drug Information, LLC.