

SmartPA Criteria Proposal

Drug/Drug Class:	Antihistamines, Intranasal PDL Edit
First Implementation Date:	June 24, 2009
Revised Date:	July 6, 2023
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	<input checked="" type="checkbox"/> Existing Criteria <input type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

Executive Summary

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

Why Issue Selected: Intranasal antihistamines may be utilized in the treatment of seasonal and perennial allergic rhinitis. These agents may have some anti-inflammatory effects and improve nasal congestion. Intranasal antihistamines also have a rapid onset of action. Azelastine and olopatadine are both intranasal antihistamines and are similarly effective.

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

Program-Specific Information:	Preferred Agents	Non-Preferred Agents
	<ul style="list-style-type: none"> Azelastine 0.1% Nasal 	<ul style="list-style-type: none"> Azelastine 0.15% Nasal 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: All appropriate MO HealthNet participants

Approval Criteria

- Participant is of appropriate ages per agent **AND**
 - Age range: 6 months to adult: Azelastine 0.15% Nasal
 - Age range: 5 years old to adult: Azelastine 0.1% Nasal
 - Age range: 6 years old to adult: Olopatadine Nasal
- 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:
MedWatch Form:

Progress Notes:
Other:

Disposition of Edit

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

Default Approval Period

1 year

References

- Evidence-Based Medicine and Fiscal Analysis: "Therapeutic Class Review: RESPIRATORY: Intranasal Antihistamines", Gainwell Technologies; Last updated February 10, 2023.
- Evidence-Based Medicine Analysis: "Intranasal Antihistamines", UMKC-DIC; Last updated January 2023.
- USPDI, Micromedex; 2023.
- Facts and Comparisons eAnswers (online); 2023 Clinical Drug Information, LLC.