



## Commercial/Healthcare Exchange PA Criteria

*Effective: November 10, 2022*

**Prior Authorization:** Ryaltris

**Products Affected:** Ryaltris (olopatadine HCL/mometasone furoate) nasal spray

**Medication Description:** RYALTRIS contains both olopatadine hydrochloride and mometasone furoate. Olopatadine is a histamine-1 (H1) receptor inhibitor. Mometasone furoate is a corticosteroid demonstrating potent anti-inflammatory activity.

**Covered Uses:**

1. Treatment of symptoms of seasonal allergic rhinitis in adult and pediatric patients 12 years of age and older

**Exclusion Criteria:**

1. Patients with known hypersensitivity to any ingredients of RYALTRIS.

**Required Medical Information:**

1. Diagnosis
2. Previous therapies tried and failed

**Prescriber Restriction:** None

**Age Restriction:** 12 years of age or older

**Coverage Duration:** 12 months

**Other Criteria:**

**Initial Approval Criteria**

**1. Seasonal Allergic Rhinitis**

- A. Patient has had trial and failure of, or intolerance to, a two-week trial of a generic nasal corticosteroid (flunisolide, fluticasone, mometasone, triamcinolone); **AND**
- B. Patient has had a trial and failure of, or intolerance to, at least a **two-week** trial of generic olopatadine nasal spray

**Renewal Criteria**

1. Member has responded positively to the treatment as determined by the prescribing physician; **AND**
2. Member has not experienced unacceptable toxicity from the drug.

November 2022



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**References:**

1. Ryaltris (olopatadine/mometasone) [prescribing information]. Columbus, OH: Hikma Specialty USA Inc; July 2022.

**Policy Revision history**

<b>Rev #</b>	<b>Type of Change</b>	<b>Summary of Change</b>	<b>Sections Affected</b>	<b>Date</b>
1	New Policy	New Policy	All	11/10/2022

