

PHARMACY PRE-AUTHORIZATION CRITERIA



DRUG (S)	Patanase (olopatadine nasal spray)
POLICY #	14133
INDICATIONS	Patanase nasal spray is indicated for the relief of the symptoms of seasonal allergic rhinitis in patients 12 years of age and older.
CRITERIA	<p>ConnectiCare considers Patanase nasal spray to be medically necessary for patients who meet the following criteria:</p> <ul style="list-style-type: none">• Patient has a documented intolerance to, or treatment failure of an adequate trial of Azelastine or Astepro nasal spray.
REFERENCES	Patanase full prescribing information. Fort Worth, Texas. Alcon Laboratories, Inc.
P&T REVIEW HISTORY	6/09, 9/09, 9/10, 12/11, 10/12, 10/13, 10/14, 11/15, 11/16, 11/17, 11/18
REVISION RECORD	1/15, 11/16