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	ConnectiCare considers Patanase nasal spray to be medically necessary for patients who meet the following criteria: • 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