

Market Applicability/Effective Date														
Market	FL & FHK	FL MMA	FL LTC	GA	KS	KY	LA	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	NA	NA	X	NA	X	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Brand Azelastine Nasal Spray Agents

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Astepro Nasal Spray (azelastine HCl) 0.15%	1 bottle per 30 days

APPROVAL CRITERIA

Requests for brand name azelastine nasal spray product may be approved if the following criteria are met:

- I. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of one generic azelastine nasal spray agent; **AND**
- II. Documentation has been provided which defines the following:
 - A. The inadequate response to a generic azelastine nasal spray agent; **AND**
 - B. The medical reason a brand azelastine nasal spray agent is clinically necessary, and the same medical reason and clinical benefit is not expected with a generic azelastine nasal spray agent.

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2016. URL: <http://www.clinicalpharmacology.com>. Updated periodically.

DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>.

DrugPoints® System (electronic version). Truven Health Analytics, Greenwood Village, CO. Updated periodically.

Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2016; Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.