

Louisiana Medicaid
Allergy – Nasal Rhinitis Agents

The *Louisiana Uniform Prescription Drug Prior Authorization Form* should be utilized to request prior authorization for non-preferred nasal rhinitis agents.

Additional Point-of-Sale edits may apply.

By submitting the authorization request, the prescriber attests to the conditions available [HERE](#).
~~*These agents may have **Black Box Warnings** and/or may be subject to **Risk Evaluation and Mitigation Strategy (REMS)** under FDA safety regulations. Please refer to individual prescribing information for details.*~~

Approval Criteria for Initiation of Therapy ~~Initial and Reauthorization Requests~~

- There is no preferred alternative that is the exact same chemical entity, formulation, strength, etc.; AND
- If the request is for Ryaltris®, **BOTH** of the following are true:
 - The recipient is 12 years of age or older on the date of the request; AND
 - The provider **states on the request** that the recipient has a diagnosis of seasonal allergic rhinitis; AND
- If the request is for Xhance®, **BOTH** of the following are true:
 - The recipient is 18 years of age or older on the date of the request; AND
 - The provider **states on the request** that the recipient has a diagnosis of chronic rhinosinusitis; AND
- Previous use of a preferred product - **ONE** of the following is required:
 - The recipient has had a *treatment failure* with at least one preferred product; **OR**
 - The recipient has had an *intolerable side effect* to at least one preferred product; **OR**
 - The recipient has *documented contraindication(s)* to all of the preferred products that are appropriate to use for the condition being treated; **OR**
 - There is *no preferred product that is appropriate* to use for the condition being treated; **AND**

Approval Criteria for Continuation of Therapy

- The prescriber **states on the request** that the recipient is established on the medication with evidence of a positive response to therapy (e.g., improvement in nasal congestion or obstruction, reduction of bilateral polyp grade).
- ~~By submitting the authorization request, the prescriber attests to the following:~~
 - ~~The prescribing information for the requested medication has been thoroughly reviewed, including any Black Box Warning, Risk Evaluation and Mitigation Strategy (REMS), contraindications, minimum age requirements, recommended dosing, and prior treatment requirements; AND-~~
 - ~~All laboratory testing and clinical monitoring recommended in the prescribing information have been completed as of the date of the request and will be repeated as recommended; AND-~~

- ~~The recipient has no concomitant drug therapies or disease states that limit the use of the requested medication and will not be receiving the requested medication in combination with any other medication that is contraindicated or not recommended per FDA labeling.~~

Duration of approval for initiation and continuation of therapy~~Duration of initial and reauthorization approval:~~ **12 months**

References

Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.;
<https://www.clinicalkey.com/pharmacology/>

DiPiro JT, Talbert RL, Yee GC, Matzke GR, Wells BG, Posey L. eds. Pharmacotherapy: A Pathophysiologic Approach, 10e New York, NY: McGraw-Hill;
<https://accesspharmacy.mhmedical.com/book.aspx?bookid=1861>

Ryaltris (olopatadine/mometasone) [package insert]. Columbus, OH: Hikma Specialty USA Inc; August 2023. https://us.ryaltris.com/docs/RYALTRIS_PI_IFU_2022_01.pdf

Xhance (fluticasone) [package insert]. Yardley, PA: OptiNose US, Inc; March 2024. https://www.xhance.com/files/XHANCE_Full_Prescribing_Information.pdf

Revision / Date	Implementation Date
Single PDL Implementation	May 2019
Separated “Select Therapeutic Classes Not Established” into individual therapeutic class documents / November 2019	January 2020
Formatting changes / September 2021	January 2022
<u>Created separate 'Continuation of Therapy' criteria, added diagnosis and age requirements for Xhance® and Ryaltris®, formatting changes, updated references / March 2025</u>	<u>August 2025</u>