

# Non-Preferred Ophthalmic Allergy Agents

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

Medications	Comments	Quantity Limit
azelastine hydrochloride (generic Optivar)	Preferred	May be subject to quantity limit
epinastine hydrochloride (generic Elestat)		
Alocril (nedocromil sodium)	Non-Preferred	
Alomide (Iodoxamide tromethamine)		
Bepreve - brand		
Bepotastine besilate - generic		
Lastacaft (alcaftadine)		
Olopatadine hydrochloride 0.1%, 0.2%		
Zerviate (cetirizine)		

## **APPROVAL CRITERIA**

Requests for a non-preferred ophthalmic antihistamine and/or mast-cell stabilizer agent may be approved if the following criteria are met:

I. Individual has had a trial and inadequate response or intolerance to **all** the preferred ophthalmic antihistamine and/or mast cell stabilizer agents. Medication samples/coupons/discount cards are excluded from consideration as a trial.;

**OR**

II. Alocril (nedocromil), Alomide (Iodoxamide), Lastacaft (alcaftadine), or Zerviate (cetirizine) may be approved if the individual is pregnant;

**OR**

III. If the individual is 2 years old, Alomide (Iodoxamide), bepotastine besilate, Lastacaft (alcaftadine), olopatadine (0.1%, 0.2%), or Zerviate may be approved after a trial of only epinastine. Medication samples/coupons/discount cards are excluded from consideration as a trial.;

**OR**

IV. Alomide (Iodoxamide) may be approved for individuals who have a diagnosis of vernal keratoconjunctivitis, vernal conjunctivitis, or vernal keratitis after a prior trial of cromolyn unless the individual is 2-3 years of age.

May approve additional bottle(s) when quantity limit will not be sufficient for a 30 day period based on dosing. Note: Drop sizes may vary, more than one eye may be affected, and drops may be wasted due to difficulty in administration.

**Key References:**

1. American Academy of Ophthalmology (AAO). Preferred Practice Pattern: Conjunctivitis. 2018. Available at: <https://www.aao.org/preferred-practice-pattern/conjunctivitis-ppp-2018>. Accessed: September 9, 2022
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: September 9, 2022.
3. Drug Facts and Comparisons. Facts and Comparisons [database online]. St. Louis, MO: Wolters Kluwer Health, Inc; 2022. Updated periodically.
4. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
5. Hamrah P, Dana R. Vernal keratoconjunctivitis. Last updated: August 28, 2021. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed: September 9, 2022.
6. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2022; Updated periodically

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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