

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

*FHK- Florida Healthy Kids

Non Preferred Ophthalmic Allergy and Mast Cell Stabilizer Agents

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

Medications	Comments	Quantity Limit
Alocril (nedocromil sodium)	Non-Preferred	May be subject to quantity limit
Alomide (Iodoxamide tromethamine)		
Bepreve (bepotastine besilate)		
Elestat brand		
Emadine (emedstine difumarate)		
Lastacaft (alcaftadine)		
Pataday (olopatadine hydrochloride)		
Patanol (olopatadine hydrochloride) brand and generic		
Pazeo (oloptadine hydrochloride)		
Zerviate (cetirizine)		

APPROVAL CRITERIA

Requests for 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 (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to **all** preferred ophthalmic antihistamine and/or mast-cell stabilizer agents;

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.

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Preferred agents: azelastine, cromolyn, epinastine, ketotifen* (i.e. Allergy Eye, Eye Itch Relief, Itchy Eye).

OR

- II. The preferred agents are not acceptable due to concomitant clinical conditions, such as but not limited to the following:
 - A. Individual is pregnant; **OR**
 - B. If the preferred agents do not include an agent indicated for the patient's age, may approve for the following:
 - 1. If the individual is 2 years of age or older, may approve Alomide, Bepreve, Lastacaft, olopatadine (Pataday), Pazeo, Zerviate, if there is a previous trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of epinastine; **OR**
 - 2. If the individual is 3 years of age or older, may approve Alomide, Bepreve, Lastacaft, olopatadine (Pataday), Pazeo, Zerviate, epinastine (Elestat), Alocril, Emadine, olopatadine (Patanol) if there is a previous trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of ketotifen, azelastine, and epinastine;

OR

- III. Requests for Alomide (Iodoxamide) may be approved if the following criteria are met:
 - A. Individual is 2-3 years of age;
 - OR**
 - B. Individual has had a prior trial (medication samples/coupons/discount cards are excluded from consideration as a trial) of cromolyn;

AND

- C. Individual has a diagnosis of vernal keratoconjunctivitis; **OR**
- D. Individual has a diagnosis of vernal conjunctivitis; **OR**
- E. Individual has a diagnosis of vernal keratitis.

*Note: Ketotifen is available only as an OTC agent and could be considered as a first-line agent prior to trial of prescription agents.

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

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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.: 2018. 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.; 2018; Updated periodically.

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