Market Applicability															
Market	**DC**	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**LA**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	N/A	X

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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 (lodoxamide tromethamine)		
Bepreve (bepotastine besilate)		
Elestat brand		
Emadine (emedstine difumarate)		
Lastacaft (alcaftadine)		
^Optivar brand		
Pataday (olopatadine hydrochloride)		
Patanol (olopatadine hydrochloride) brand and generic		
Pazeo (oloptadine hydrochloride)		
Zerviate (cetirizine)		

^Optivar discontinued by the manufacturer as of 01-2015. Utilization management programs will remain active until agents are removed from claim system.

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

OR

II. Individual is pregnant and the requested agent is one of the following non-preferred drugs: Alocril, Alomide, Emadine, Lastacaft or Zerviate; **OR**

III. Individual is 2-3 years of age and the requested agent is one of the following non-preferred drugs: Alomide, Bepreve, Lastacaft, Pataday, Pazeo or Zerivate; **OR**

IV. Alomide (lodoxamide) may be approved for the following conditions:
   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**

Market Applicability															
Market	**DC**	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**LA**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	X	N/A	N/A	X	N/A	X	X	X	X	X	X	N/A	N/A	X

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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.

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.

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.: 2017. 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.; 2017; Updated periodically.