



**Ophthalmic Antihistamines  
Effective February 20, 2019**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input type="checkbox"/> Prior Authorization
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>	N/A		

**Overview**

Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

Initial Step-Therapy Requirements:

- First-Line:** Medications listed on first-line are covered without prior-authorization.
- Second-Line:** Second-line medications will pay if the member has filled a first-line medication or a second-line medication within the past 180 days.
- Third-Line:** Third-line medications will pay if the member has filled all second-line medications or a third-line medication within the past 180 days.

**Coverage Guidelines**

FIRST-LINE	SECOND-LINE	THIRD-LINE
Alaway OTC 0.025% (ketotifen) Claritin OTC 0.025% (ketotifen) ketotifen OTC 0.025%	azelastine 0.05% epinastine 0.05% (Elestat) olopatadine 0.1% (Patanol)	Bepreve 1.5% (bepotastine) Emadine 0.05% (emedastine) Lastacaft 0.25% (alcaftadine) olopatadine 0.2% (Pataday) Pazeo 0.7% (olopatadine)

If a member does not meet the initial step therapy requirements, then approval of a second-line medication will be granted if the member meets the following criteria:

**Azelastine, epinastine, & olopatadine 0.1%**



1. Member has had a documented inadequate response, side effect, or allergy to a first-line generic ketotifen OTC product (see grid above)

#### **Bepreve, Pazeo, & olopatadine 0.2%**

1. Member has had a documented inadequate response, side effect, or allergy to each of the following medications:
  - a. a first-line generic ketotifen OTC product (see grid above)
  - b. azelastine ophthalmic solution (Optivar)
  - c. epinastine ophthalmic solution (Elestat)
  - d. olopatadine 0.1% (Patanol)

#### **Lastacaft**

1. Member is currently pregnant **OR**
1. Member has had a documented inadequate response, side effect, or allergy to each of the following medications:
  - a. a first-line generic ketotifen OTC product (see grid above)
  - b. azelastine ophthalmic solution (Optivar)
  - c. epinastine ophthalmic solution (Elestat)
  - d. olopatadine 0.1% (Patanol)

#### **Emadine**

1. Member is currently pregnant **AND**
2. Member has had a documented inadequate response, side effect, or allergy to Lastacaft (alcaftadine) **OR**
1. Member has had a documented inadequate response, side effect, or allergy to each of the following medications:
  - a. a first-line generic ketotifen OTC product (see grid above)
  - b. azelastine ophthalmic solution (Optivar)
  - c. epinastine ophthalmic solution (Elestat)
  - d. olopatadine 0.1% (Patanol)

#### **Limitations**

1. Approvals based on pregnancy may be granted for a duration of 24 months.
2. All other approvals may be granted for a duration of 12 months.

#### **References**

1. Pataday (olopatadine hydrochloride) [product monograph]. Dorval, Quebec, Canada: Novartis Pharmaceuticals Canada Inc; April 2018.
2. Patanol (olopatadine hydrochloride) [prescribing information]. Fort Worth, TX: Alcon; April 2018.
3. Pazeo (olopatadine) [prescribing information]. Fort Worth, TX: Alcon; April 2017.
4. Azelastine hydrochloride [prescribing information]. Lake Forest, IL: Akorn, Inc; November 2016
5. Bepreve (bepotastine) [prescribing information]. Bridgewater, NJ: Valeant Pharmaceuticals; February 2018.



6. Emadine (emedastine) [prescribing information]. Fort Worth, TX: Alcon Laboratories Inc; May 2009
7. Lastacraft (alcaftadine ophthalmic solution) [prescribing information]. Rochester, MI: Allergan; September 2015

### **Review History**

03/05/07 – Reviewed  
02/25/08 – Reviewed  
05/23/08 – Ketotifen OTC  
02/23/09 – Updated  
08/27/09 – Claritin product  
12/04/09 – Optivar generic  
02/22/10 – Updated  
02/28/11 – Reviewed  
06/06/11 – Epinastine  
02/27/12 – Updated  
02/25/13 – Reviewed  
02/24/14 – Updated  
02/26/18 – Updated  
02/20/19 – Updated

### **Disclaimer**

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.