



Ophthalmic Antihistamines
Effective 01/01/2022

Plan	<input checked="" type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input type="checkbox"/> Quantity Limit <input checked="" type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	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
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	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 2 (TWO) first-line medication or a second-line medication within the past 180 days.

Coverage Guidelines

FIRST-LINE	SECOND-LINE
azelastine 0.05% epinastine 0.05% (Elestat) olopatadine 0.1% (Patanol)	bepotastine 1.5% Emadine 0.05% (emedastine) Lastacaft 0.25% (alcaftadine) olopatadine 0.2% (Pataday) Pazeo 0.7% (olopatadine) Zerviate 0.24% (cetirizine)

Limitations

- The following quantity limits apply:

azelastine 0.05%	6mL per 30 days
epinastine 0.05% (Elestat)	5mL per 30 days
olopatadine 0.1% (Patanol)	5mL per 30 days



Bepotastine 1.5%	5mL per 30 days
Lastacaft 0.25% (alcaftadine)	3mL per 30 days
olopatadine 0.2% (Pataday)	2.5mL per 30 days
Zerviate 0.24% (cetirizine)	30 units per 30 days

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. Lastacaft (alcaftadine ophthalmic solution) [prescribing information]. Rochester, MI: Allergan; September 2015

Review History

03/05/2007 – Reviewed
02/25/2008 – Reviewed
05/23/2008 – Ketotifen OTC
02/23/2009 – Updated
08/27/2009 – Claritin product
12/04/2009 – Optivar generic
02/22/2010 – Updated
02/28/2011 – Reviewed
06/06/2011 – Epinastine
02/27/2012 – Updated
02/25/2013 – Reviewed
02/24/2014 – Updated
02/26/2018 – Updated
02/20/2019 – Updated
05/20/2020 – Reviewed P&T meeting; Added Zerviate to program; removed post ST requirements; removed ‘Limitations’ section to match ST template. Effective 7/1/20
09/22/2021 – Reviewed and updated for September P&T; generic bepotastine replaced brand Bepreve. Effective 01/01/2022

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