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DRUG POLICY

Anti-Allergy Ophthalmic Agents

NOTICE

This policy contains information which is clinical in nature. The policy is not medical advice. The information in this policy is used by Wellmark to make determinations whether medical treatment is covered under the terms of a Wellmark member's health benefit plan. Physicians and other health care providers are responsible for medical advice and treatment. If you have specific health care needs, you should consult an appropriate health care professional. If you would like to request an accessible version of this document, please contact customer service at 800-524-9242.

BENEFIT APPLICATION

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

DESCRIPTION

The intent of the Anti-Allergy Ophthalmic Agents policy is to encourage the use of ophthalmic anti-allergy agents that are available over the counter (OTC) prior to the use of prescription brand or generic ophthalmic anti-allergy agents when clinically appropriate due to the high degree of therapeutic interchangeability within the class.

Pazeo® (olopatadine hydrochloride) is a mast cell stabilizer ophthalmic solution that is indicated for the treatment of ocular itching associated with allergic conjunctivitis in patients 2 years of age or older.

Zerviate® (cetirizine) is a histamine-1 receptor antagonist ophthalmic solution that is indicated for the treatment of ocular itching associated with allergic conjunctivitis in patients 2 years of age or older.

POLICY

Criteria for Initial Approval

- I. Pazeo® may be considered **medically necessary** for patients 2 years of age and older when the following criteria is met:
 - Patient must have an inadequate response, contraindication, or adverse reaction to both of the following OTC ophthalmic anti-allergy agents: Pataday® Once Daily Relief and Pataday® Twice Daily Relief unless the patient is currently receiving a positive therapeutic outcome on the requested medication through health insurance (excludes obtainment as samples or via manufacturer's patient assistance programs).

Approval will be for 12 months.

- II. Zerviate® may be considered **medically necessary** for patients 2 years of age and older when the following criteria is met:
- Patient must have an inadequate response, contraindication, or adverse reaction to ALL of the following OTC ophthalmic anti-allergy agents: Pataday® Once Daily Relief, Pataday® Twice Daily Relief, and ketotifen 0.025% solution unless the patient is currently receiving a positive therapeutic outcome on the requested medication through health insurance (excludes obtainment as samples or via manufacturer's patient assistance programs).
 - Patient must have an inadequate response, contraindication, or adverse reaction to BOTH of the following generic ophthalmic antihistamine products: azelastine 0.05% solution and epinastine 0.05% solution unless the patient is currently receiving a positive therapeutic outcome on the requested medication through health insurance (excludes obtainment as samples or via manufacturer's patient assistant programs.)

Approval will be for 12 months.

Continuation Criteria

All members (including new members) requesting authorization for continuation of therapy must meet ALL initial authorization criteria above and have documentation of a positive clinical response to the requested therapy.

Approval will be for 12 months

Pazeo® and Zerviate® are considered **not medically necessary** for patients who do not meet the criteria set forth above.

Dosage and Administration

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

PROCEDURES AND BILLING CODES

To report provider services, use appropriate CPT* codes, Alpha Numeric (HCPCS level 2) codes, Revenue codes, and/or ICD diagnostic codes.

- N/A

REFERENCES

- Pazeo® [prescribing information]. Fort Worth, TX: Alcon Laboratories, Inc.; September 2019.
- Zerviate® [prescribing information]. Fort Worth, TX: Eyevance Pharmaceuticals, LLC; February 2020.
- Bielory L, Meltzer E, Nichols K, et al. An algorithm for the management of allergic conjunctivitis. Allergy & Asthma Proceedings. 2013;34(5):408-420.

POLICY HISTORY

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