

Clinical Policy: Anti-Allergy Ophthalmics  
 Reference Number: PA.CP.PST.03  
 Effective Date: 01/18  
 Last Review Date: 08/17  
 Line of Business: Medicaid

[Revision Log](#)

**Description**

The following are anti-allergy ophthalmics requiring step therapy: Iodoxamide (Alomide®) and nedocromil (Alocril®).

**FDA approved indication**

Anti-allergy ophthalmics are indicated for the treatment of various allergic ocular disorders such as allergic conjunctivitis, vernal conjunctivitis, vernal keratitis, and vernal keratoconjunctivitis.

**Policy/Criteria**

Provider must submit documentation (which may include office chart notes and lab results) supporting that member has met all approval criteria.

It is the policy of Pennsylvania Health and Wellness® that Alocril and Alomide are **medically necessary** when the following criteria are met:

**I. Initial Approval Criteria**

**A. Electronic Step Therapy for Anti-Allergy Ophthalmics** (must meet all):

1. Previous use of at least two of the following: ketotifen 0.025% ophthalmic solution, naphazoline with pheniramine ophthalmic solution, azelastine ophthalmic solution, or cromolyn 4% ophthalmic solution, unless contraindicated or clinically significant adverse effects are experienced;
2. Dose does not exceed 8 drops/eye/day.

**Approval duration: 12 months**

**II. Continued Therapy**

**A. Electronic Step Therapy for Anti-Allergy Ophthalmics** (must meet all):

1. Currently receiving medication via Pennsylvania Health and Wellness benefit or member has previously met initial approval criteria; or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
2. If request is for a dose increase, new dose does not exceed 8 drops/eye/day.

**Approval duration: 12 months**

**III. Appendices/General Information**

*Appendix A: Abbreviation/Acronym Key*

FDA: Food and Drug Administration

**IV. Dosage and Administration**

Drug	Dosing Regimen	Maximum Dose
Alocril	1-2 drops in each eye twice daily at regular intervals.	8 drops/day/eye

**CLINICAL POLICY**  
**Anti-Allergy Ophthalmics**



Alomide	1-2 drops in affected eye(s) four times per day; should not be used for longer than 3 months.	8 drops/day/affected eye
---------	---	--------------------------

**V. Product Availability**

Drug	Availability
Alocril	2% ophthalmic drops, solution: 5 mL
Alomide	0.1% ophthalmic drops, solution: 10 mL

**VI. Workflow Document**

N/A

**VII. References**

1. Lodoxamide (Alomide<sup>®</sup>) Drug monograph. Clinical Pharmacology. Accessed April 4, 2017.
2. Nedocromil (Alocril<sup>®</sup>) Drug monograph. Clinical Pharmacology. Accessed April 4, 2017.
3. Azelastine (Optivar<sup>®</sup>) Drug monograph. Clinical Pharmacology. Accessed November 19, 2015.
4. Alcaftadine (Lastacaft<sup>®</sup>) Drug monograph. Clinical Pharmacology. Accessed November 19, 2015
5. Olopatadine (Pataday<sup>®</sup>, Patanol<sup>®</sup>) Drug monograph. Clinical Pharmacology. Accessed November 19, 2015
6. Bepotastine (Bepreve<sup>®</sup>) Drug monograph. Clinical Pharmacology. Accessed November 19, 2015
7. Epinastine (Elestat<sup>®</sup>) Drug monograph. Clinical Pharmacology. Accessed November 19, 2015.
8. Emedastine (Emadine<sup>®</sup>) Drug monograph. Clinical Pharmacology. Accessed November 19, 2015.
9. American Optometric Association. Optometric clinical practice guideline: care of the patient with conjunctivitis. St. Louis, MO. November 2002. Available at <http://www.aoa.org/optometrists/tools-and-resources/clinical-care-publications/clinical-practice-guidelines?sso=y>. Accessed April 2017.
10. Bielory L. Ocular allergy guidelines: a practical treatment algorithm. Drugs. 2002; 62(11):1611-1634.

Reviews, Revisions, and Approvals	Date	P&T Approval Date
-----------------------------------	------	-------------------