SmartPA Criteria Proposal

Drug/Drug Class:	Antihistamines – Ophthalmic PDL Edit
First Implementation Date:	April 26, 2006
Proposed Date:	March 19, 2020
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	☐Existing Criteria ☒Revision of Existing Criteria ☐New Criteria

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected: The estimated prevalence of seasonal allergic conjunctivitis is 15% and the condition occurs in both adults and children. The common allergens include pollens, dust mites, mold spores, animal dander, perfumes, and food sensitivities. Humidity, temperature, and a person's activity are all factors that affect the intensity, frequency, and duration of the allergic response. Activation of the immune response results in the release of inappropriately high amounts of chemical mediators – most commonly histamine. These mediators are responsible for the symptoms associated with eye allergies. Allergic conjunctivitis can produce two types of discharge, serous and mucoid. A serous discharge is watery, whereas, the mucoid discharge is stringy or ropy. Other symptoms include redness, tearing, swelling, burning, blurred vision, sensitivity to light, or a sensation of fullness in the eyelids. Ophthalmic antihistamines reduce the ocular symptoms and relieve the eye discomfort associated with allergic conjunctivitis.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:

Preferred Agents	Non-Preferred Agents
• Alaway® OTC • Pazeo®	• Azelastine • Bepreve® • Epinastine • **Ketotifen OTC** • Lastacaft® • **Olopatadine 0.1% (gen Patanol®)** • Olopatadine 0.2% (gen Pataday®) • Pataday® • Patanol® • **Zaditor® OTC**

Type of Criteria: ☐ **Increased risk of ADE** ☒ **Preferred Drug List** ☐ **Appropriate Indications** ☐ **Clinical Edit**

Data Sources: ☐ **Only Administrative Databases** ☒ **Databases + Prescriber-Supplied**

Setting & Population

- Drug class for review: Antihistamines – Ophthalmic
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  - Documented trial period of preferred agents
  - Documented ADE/ADR to preferred agents

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met

Required Documentation

Laboratory Results:	☐	Progress Notes:	☐
MedWatch Form:	☐	Other:	☐

Disposition of Edit

Denial: Exception Code "0160" (Preferred Drug List)
Rule Type: PDL

Default Approval Period

1 year

References

1. Evidence-Based Medicine and Fiscal Analysis: "Antihistamines and Allergy Agents, Ophthalmic – Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; January 2020.
2. Evidence-Based Medicine Analysis: "Ophthalmic Antihistamines and Allergy Agents", UMKC-DIC; February 2020.
3. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2020.
4. USPDI, Micromedex; 2020.
5. Facts and Comparisons eAnswers (online); 2020 Clinical Drug Information, LLC.