SmartPA Criteria Proposal

Drug/Drug Class:	Mast Cell Stabilizers – Ophthalmic PDL Edit
First Implementation Date:	May 3, 2006
Revised Date:	July 9, 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: More than 22 million Americans suffer from red, itchy, watery eyes caused by allergies, known as allergic conjunctivitis. The common allergens include pollens, dust mites, mold spores, animal dander, perfumes, and food sensitivities. Humidity, temperature, and a patient'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 – mainly 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. Antihistaminic compounds interact with histamine receptors found on many cells, whereas mast cell stabilizers inhibit degranulation, reducing the allergic response. The American Academy of Ophthalmology (AAO) treatment guidelines recommend an over-the-counter antihistamine/vasoconstrictor agent or use of the more effective second-generation topical histamine H1-receptor antagonists for treatment of mild allergic conjunctivitis. For persistent or frequent symptoms, an agent with mast cell stabilizer activity may be used. Combination antihistamine/mast cell stabilizing agents can be used for either acute or chronic disease. Short courses (1-2 weeks) of ophthalmic corticosteroids may be used to treat disease flares or severe symptoms.

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

Program-Specific Information:

Preferred Agents	Non-Preferred Agents
• Cromolyn Sodium Opth	• Alocril® • Alomide®

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

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

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Setting & Population

- Drug class for review: Mast Cell Stabilizers – Ophthalmic
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 1 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: "Ophthalmic Mast Cell Stabilizers– Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; January 2020.
2. Evidence-Based Medicine Analysis: "Ophthalmic Mast Cell Stabilizers", UMKC-DIC; February 2020
3. American Academy of Ophthalmology (AAO). Preferred Practice Pattern Guidelines. Conjunctivitis [guideline on the Internet]. AAO website. https://www.aao.org/preferred-practice-pattern/conjunctivitis-ppp-2018. Updated September 22, 2018.
4. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2020.
5. USPDI, Micromedex; 2020.
6. Facts and Comparisons eAnswers (online); 2020 Clinical Drug Information, LLC.

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