Mast Cell Stabilizers - Ophthalmic

**Effective 01/10/2013**  
**Revised 07/11/2019**

<table>
<thead>
<tr>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
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| • Cromolyn Sodium Ophth | • Alocril<sup>®</sup>  
| | • Alomide<sup>®</sup> |

**Approval Criteria**

- Failure to achieve desired therapeutic outcomes with trial on 1 preferred agent  
  - Documented trial period for 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  
- Drug Prior Authorization Hotline: (800) 392-8030