

STEP THERAPY POLICY

- POLICY:** Ophthalmic Anti-Allergics: Mast Cell Stabilizers Step Therapy Policy
- Alocril® (nedocromil sodium 2% ophthalmic solution – Allergan)
 - Alomide® (Iodoxamide tromethamine 0.1% ophthalmic solution – Alcon/Novartis)

REVIEW DATE: 12/16/2020

OVERVIEW

The ophthalmic mast cell stabilizers are indicated for the treatment of **allergic conjunctivitis**.²⁻⁴ Cromolyn sodium 4% ophthalmic solution and Alomide are specifically indicated for the treatment of vernal keratoconjunctivitis, vernal conjunctivitis, and vernal keratitis. Alomide is dosed four times daily; Alocril is dosed twice daily; and cromolyn sodium 4% ophthalmic solution is dosed four to six times daily at regular intervals.

Treatment of conjunctivitis should be directed at the specific cause.¹ The vast majority of patients can implement environmental measures to reduce the symptoms of allergic conjunctivitis. Additionally, a variety of topical ophthalmic agents are available for the management of symptoms not alleviated by environmental measures. Mild allergic conjunctivitis may be managed with an over-the-counter (OTC) topical antihistamine/vasoconstrictor agent or with the more effective second-generation topical histamine H1-receptor antagonists. Mast cell stabilizers can be used if the conjunctivitis is frequently recurrent or persistent. One specific mast cell stabilizer is not preferred over another. Similar to the management of allergic conjunctivitis, general treatment measures (e.g., cool compresses, ocular lubricants, allergen avoidance) are also recommended for vernal/atopic conjunctivitis. Topical/oral antihistamines and topical mast-cell stabilizers may be used to maintain comfort. Topical corticosteroids are usually necessary to control acute exacerbations of vernal/atopic conjunctivitis.

POLICY STATEMENT

This program has been developed to encourage the use of a Step 1 Product prior to the use of a Step 2 Product. If the Step Therapy rule is not met for a Step 2 agent at the point of service, coverage will be determined by the Step Therapy criteria below. All approvals are provided for 1 year in duration.

Automation: A patient with a history of one Step 1 Product within the 130-day look-back period is excluded from Step Therapy.

Step 1: generic cromolyn sodium ophthalmic solution

Step 2: Alocril, Alomide

CRITERIA

1. If the patient has tried one Step 1 Product, approve a Step 2 Product.
2. No other exceptions are recommended.

REFERENCES

1. Varu DM, Rhee MK, Akpek EK, et al. for the American Academy of Ophthalmology Preferred Practice Pattern Cornea and External Disease Panel. Conjunctivitis Preferred Practice Pattern. *Ophthalmology*. 2019;26(1):94-169.
2. Alomide[®] ophthalmic solution [prescribing information]. Fort Worth, TX: Alcon Laboratories, Inc.; August 2020.
3. Alocril[®] solution [prescribing information]. Irvine, CA: Allergan; July 2018.
4. Cromolyn sodium solution [prescribing information]. Lake Forest, IL: Akorn, Inc.; November 2017.