### Policy Title

**Olopatadine Hydrochloride (Pataday™) 0.2 Percent**

### Policy Number

**FS.CLIN.85**

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**Application of Pharmacy Policy**

Application of Pharmacy Policy is determined by benefits and contracts. Benefits may vary based on product line, group or contract. Some medications may be subject to precertification, age, gender or quantity edits. Individual member benefits must be verified.

*This Pharmacy Policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety or FDA approval may have changed. If the Medical/Pharmacy Reviewer is aware of any new information on the subject of this document, please provide it promptly to the Medical/Pharmacy Policy Department. This information may include new FDA approved indications, withdrawals or other FDA alerts. This type of information is relevant not only when considering whether this Policy should be updated, but also when applying it to current requests for coverage.*

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**Members are advised to use participating pharmacies in order to receive the highest level of benefits.**

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**Policy**

Olopatadine hydrochloride (Pataday™) 0.2 percent is indicated for the temporary prevention of itchy eyes due to allergic conjunctivitis.

The use of olopatadine hydrochloride (Pataday™) 0.2 percent requires prior authorization (ie, clinical pharmacy and/or Medical Director review).

**Policy Description**

Olopatadine hydrochloride (Pataday™) 0.2 percent is an inhibitor of histamine release from the mast cell and a relatively selective histamine H1-antagonist that inhibits the in vivo and in vitro type 1 immediate hypersensitivity reaction. It is devoid of effects on alpha-adrenergic, dopaminergic, muscarinic type 1 and 2, and serotonin receptors. Olopatadine hydrochloride (Pataday™) 0.2 percent contains the same active ingredient as Patanol and has not been shown to have superior efficacy to Patanol.

**Policy Guideline Inclusion**

Olopatadine hydrochloride (Pataday™) 0.2 percent is approved when all of the following inclusion criteria are met:

- Documentation of allergic conjunctivitis
- Documentation of trial and failure or contraindication to all of the following agents:
  - Olopatadine hydrochloride ophthalmic solution (Patanol®)
  - Azelastine hydrochloride ophthalmic solution (Optivar®)

**Policy Guideline Exclusion**

Olopatadine hydrochloride (Pataday™) 0.2 percent is denied when any of the following exclusion criteria are present:

- No documentation of allergic conjunctivitis
- No documentation of trial and failure or contraindication to all of the following agents:
  - Olopatadine hydrochloride ophthalmic solution (Patanol®)
Azelastine hydrochloride ophthalmic solution (Optivar®)

Policy List of Applicable Drugs

<table>
<thead>
<tr>
<th>Brand Name</th>
<th>Generic Name</th>
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</thead>
<tbody>
<tr>
<td>Pataday</td>
<td>olopatadine hydrochloride</td>
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</table>

Dosing and Administration

Refer to the specific manufacturer's prescribing information for administration and dosage details for each specific agent.

Policy References


- Pataday™ (Olopatadine Hydrochloride Ophthalmic Solution) 0.2 Percent [package insert]. Fort Worth, TX: Alcon; 2008.


Policy Link to Related Policies

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