

Effective Date: 9/1/2020
Reviewed: 6/2020, 02/2021, 2/2022, 3/2023
Scope: Medicaid

Prescription ONLY Olopatadine 0.1% Ophthalmic Solution

POLICY

I. CRITERIA FOR APPROVAL

An authorization may be granted when all the following criteria are met:

- A. The patient has tried and failed, had an inadequate response or intolerance to OTC olopatadine ophthalmic solution.

II. QUANTITY LIMIT

- 0.1%: 5mL per 30 days

III. COVERAGE DURATION

- 12 months