

cetirizine ophthalmic solution (ZERViate)

Diagnoses Considered for Coverage:

- Allergic conjunctivitis

Coverage Criteria:

1. For diagnosis listed above:

- Dose does not exceed one box (30 single use vials), **and**
- Inadequate response, intolerable side effect, with TWO preferred antihistamine eye drops [e.g. azelastine (Optivar), cromolyn sodium, epinastine (Elestat)]

Coverage Duration: one year

References:

1. Zerviate. [Prescribing Information]. Regeneron Pharmaceuticals, Inc. Tarrytown, NY. 2021

Effective Date: 6/28/2023