Harvard Pilgrim Health Care – Pharmacy Prior Authorization Guideline

Guideline Name	Bepreve (bepotastine besilate)

1. Criteria

Product Name: Bepreve	
Approval Length	12 Month(s)
Therapy Stage	Initial Authorization
Guideline Type	Prior Authorization, Non-formulary

Approval Criteria

1 - Trial and failure of at least TWO alternative medications for the treatment of allergic conjunctivitis symptoms, such as an ophthalmic mast cell stabilizer (i.e., cromolyn, lodoxamide, nedocromil) or an ophthalmic antihistamine (i.e., olopatadine, epinastine, azelastine)

Product Name: Bepreve	
Approval Length	12 Month(s)
Therapy Stage	Reauthorization
Guideline Type	Prior Authorization, Non-Formulary

Approval Criteria

1 - Patient has shown improvement with Bepreve

2. Background

Benefit/Coverage/Program Information

RATIONALE
To ensure appropriate use of Bepreve (bepotastine) ophthalmic solution as third line therapy after trial and failure of alternative ophthalmic medications.

FDA APPROVED INDICATIONS
Bepreve (bepotastine) is a histamine H_1 receptor antagonist indicated for the treatment of itching associated with allergic conjunctivitis.

REFERENCES

- Bepreve (bepotastine) [prescribing information]. Bridgewater, NJ: Bausch + Lomb; September 2019.

Created: 10/16

Revised: • Annual review (effective: 1/1/20) • 10/14/20 - Annual review: background updates; no changes to criteria
P&T Approval: 12/7/20
Effective: 1/1/21