Zerviate™ (cetirizine ophthalmic solution)

Policy # 00713
Original Effective Date: 12/14/2020
Current Effective Date: 12/14/2020

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc.(collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

When Services May Be Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Based on review of available data, the Company may consider Zerviate™‡ (cetirizine ophthalmic solution) to be **eligible for coverage**** when the patient selection criteria are met.

Patient Selection Criteria

Coverage eligibility for Zerviate (cetirizine ophthalmic solution) will be considered when the following criteria are met:

- Patient has a diagnosis of ocular itching associated with allergic conjunctivitis; AND
- Patient has tried and failed (e.g., intolerance or inadequate response) TWO of the following GENERIC ophthalmic products for the condition: azelastine 0.05% drops, epinastine 0.05% drops, or olopatadine 0.1%, 0.2% drops unless there is clinical evidence or patient history that suggests the use of these GENERIC ophthalmic products will be ineffective or cause an adverse reaction to the patient.
  *(Note: This specific patient selection criterion is an additional Company requirement for coverage eligibility and will be denied as not medically necessary** if not met).*

When Services Are Considered Not Medically Necessary

Based on review of available data, the Company considers the use of Zerviate (cetirizine ophthalmic solution) when the patient has NOT tried and failed (e.g., intolerance or inadequate response) TWO of the following GENERIC ophthalmic products for the condition: azelastine 0.05% drops, epinastine 0.05% drops, or olopatadine 0.1%, 0.2% drops to be **not medically necessary.****

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When Services Are Considered Investigational

Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers the use of Zerviate (cetirizine ophthalmic solution) for any non-FDA approved indication to be **investigational.***

Background/Overview

Zerviate is an ophthalmic antihistamine indicated for the treatment of ocular itching associated with allergic conjunctivitis. It is available as a 0.24% strength of cetirizine that is dosed as one drop in each affected eye twice daily. There are other ophthalmic antihistamines on the market (particularly generics) that offer a more economical option for the treatment of ocular itching associated with allergic conjunctivitis while having efficacy that is similar to Zerviate. There are no head to head trials available that compare Zerviate to the other available ophthalmic antihistamines.

FDA or Other Governmental Regulatory Approval

U.S. Food and Drug Administration (FDA)
Zerviate is indicated for the treatment of ocular itching associated with allergic conjunctivitis.

Rationale/Source

This policy is in place to ensure that this product is being utilized for its FDA approved indication as well as to ensure that the most economical, yet equally efficacious, products are used to treat ocular itching associated with allergic conjunctivitis.

References

1. Zerviate [package insert]. Eyevance Pharmaceuticals, LLC. Fort Worth, Texas. Updated June 2020.

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11/05/2020 Medical Policy Committee review
11/11/2020 Medical Policy Implementation Committee approval. New policy.
Next Scheduled Review Date: 11/2021

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
    1. Consultation with the Blue Cross and Blue Shield Association technology assessment program (TEC) or other nonaffiliated technology evaluation center(s);
    2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
    3. Reference to federal regulations.

**Medically Necessary (or "Medical Necessity") - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

A. In accordance with nationally accepted standards of medical practice;
B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

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For these purposes, "nationally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

‡ Indicated trademarks are the registered trademarks of their respective owners.

NOTICE: If the Patient's health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.