Ophthalmic Steroids
Effective 11/01/2021

<table>
<thead>
<tr>
<th>Plan</th>
<th>☒ MassHealth</th>
<th>☒ Commercial/Exchange</th>
<th>Program Type</th>
<th>☐ Prior Authorization</th>
<th>☒ Quantity Limit</th>
<th>☒ Step Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit</td>
<td>☒ Pharmacy Benefit</td>
<td>☐ Medical Benefit (NLX)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty Limitations</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Specialty Medications
All Plans Phone: 866-814-5506 Fax: 866-249-6155

Non-Specialty Medications
MassHealth Phone: 877-433-7643 Fax: 866-255-7569
Commercial Phone: 800-294-5979 Fax: 888-836-0730
Exchange Phone: 855-582-2022 Fax: 855-245-2134

Medical Specialty Medications (NLX)
All Plans Phone: 844-345-2803 Fax: 844-851-0882

Overview
Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

Initial Step-Therapy Requirements:
First-Line: Medications listed on first-line are covered without prior-authorization.
Second-Line: Second-line medications will pay if the member has filled at least two different first-line medications or a second-line medication within the past 180 days.

Coverage Guidelines
If a member does not meet the initial step therapy requirements, then approval of a second-line medication will be granted if the member has had a documented inadequate response, side effect, or allergy to at least two different 1st-line generic ophthalmic steroids or a second-line medication.

<table>
<thead>
<tr>
<th>FIRST-LINE</th>
<th>SECOND-LINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>prednisolone ophthalmic</td>
<td>Durezol ophthalmic emulsion</td>
</tr>
<tr>
<td>dexamethasone ophthalmic</td>
<td>Lotemax SM 0.38% ophthalmic gel</td>
</tr>
<tr>
<td>fluorometholone ophthalmic</td>
<td>loteprednol 0.5% ophthalmic gel</td>
</tr>
<tr>
<td></td>
<td>Lotemax 0.5% ophthalmic ointment</td>
</tr>
<tr>
<td></td>
<td>loteprednol 0.5% ophthalmic suspension</td>
</tr>
</tbody>
</table>

Limitations
1. Approvals will be granted for 12 months.

399 Revolution Drive, Suite 810, Somerville, MA 02145 | allwayshealthpartners.org
2. The following quantity limits apply:

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Durezol® emulsion 0.05% ophthalmic</td>
<td>5mL per 25 days</td>
</tr>
</tbody>
</table>

References
1. Durezol (difluprednate) [prescribing information]. Fort Worth, TX: Alcon Laboratories; April 2017.
3. Lotemax suspension (loteprednol) [prescribing information]. Tampa, FL: Bausch & Lomb Inc; September 2016.
4. Lotemax gel (loteprednol) [prescribing information]. Tampa, FL: Bausch & Lomb Inc; August 2016

Review History
08/03/09 – Implemented
06/15/09 – Reviewed
04/26/10 – Reviewed
04/25/11 – Reviewed
04/23/12 – Reviewed
04/22/13 – Reviewed & revised
04/28/14 – Reviewed
04/27/15 – Reviewed
04/25/16 – Reviewed
06/19/19 – Added Lotemax and removed indication requirement
07/21/2021: Reviewed at July P&T; Durezol PA criteria retired, added to ophthalmic steroid criteria. Lotemax formulations that have generics replaced brand formulations. Effective 11/01/2021

Disclaimer
AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.