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>Specialty Medications</th>
<th>Non-Specialty Medications</th>
<th>Medical Specialty Medications (NLX)</th>
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</thead>
<tbody>
<tr>
<td>All Plans</td>
<td>MassHealth</td>
<td>All Plans</td>
</tr>
<tr>
<td>Phone: 866-814-5506</td>
<td>Phone: 877-433-7643</td>
<td>Phone: 844-345-2803</td>
</tr>
<tr>
<td>Fax: 866-249-6155</td>
<td>Fax: 866-255-7569</td>
<td>Fax: 844-851-0882</td>
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<tr>
<td>Commercial</td>
<td>Commercial</td>
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<tr>
<td>Phone: 800-294-5979</td>
<td>Phone: 855-582-2022</td>
<td></td>
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<tr>
<td>Fax: 888-836-0730</td>
<td>Fax: 855-245-2134</td>
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<tr>
<td>Exchange</td>
<td>Exchange</td>
<td></td>
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<tr>
<td>Phone: 855-582-2022</td>
<td>Phone: 855-245-2134</td>
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<tr>
<td>Fax: 855-245-2134</td>
<td>Fax: 855-245-2134</td>
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**Limitations**
1. Approvals will be granted for 12 months.
2. The following quantity limits apply:

<table>
<thead>
<tr>
<th>Product</th>
<th>Limit</th>
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<tbody>
<tr>
<td>Durezol® emulsion 0.05% ophthalmic</td>
<td>5 mL 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

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.