Mass General Brigham
Health Plan

Ophthalmic Steroids
Effective 11/01/2021

Plan	☐ MassHealth UPPL ☒Commercial/Exchange	**Program Type**	☐ Prior Authorization ☐ Quantity Limit ☒ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693 **Non-Specialty Medications** All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

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.

FIRST-LINE	SECOND-LINE
prednisolone ophthalmic dexamethasone ophthalmic fluorometholone ophthalmic	Durezol ophthalmic emulsion Lotemax SM 0.38% ophthalmic gel lotepredno l 0.5% ophthalmic gel Lotemax 0.5% ophthalmic ointment lotepredno l 0.5% ophthalmic suspension

Limitations
1. Approvals will be granted for 12 months.
2. The following quantity limits apply:

Durezol® emulsion 0.05% ophthalmic	5mL per 25 days

References

1. Durezol (difluprednate) [prescribing information]. Fort Worth, TX: Alcon Laboratories; April 2017.
2. Lotemax SM ophthalmic gel (loteprednol) [prescribing information]. Bridgewater, NJ: Bausch & Lomb Inc; February 2019.
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
5. Rosenbaum JT. Uveitis: Treatment. In Basow DS (Ed.). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2013 [cited 2013 Mar 28]. Available at: http://www.utdol.com/utd/index.do.
6. Korenfeld MS, Silverstein SM, Cooke DL, Vogel R, Crockett RS, et al. Difluprednate ophthalmic emulsion 0.05% for postoperative inflammation and pain. J Cataract Refract Surg. 2009. 35;1:26-34.
7. Alexander KL, Dul MW, Lalle PA, Magnus DE, Onofrey B. Optometric Clinical Practice Guidelines: Care of the Patient with Anterior uveitis (CPG7). 2004. Accessed: 19 Mar 2015. Available at: http://www.aoa.org/optometrists/tools-and-resources/clinical-care-publications/clinical-practice-guidelines?sso=y
8. American Academy of Ophthalmology. Cataract and Anterior Segment Panel. Preferred Practice Pattern Guidelines. Cataract in the adult eye (2011). American Academy of Ophthalmology. Available at: Available at: http://one.aao.org/CE/PracticeGuidelines/PPP.aspx.
9. American Academy of Ophthalmology. Refractive errors and refractive surgery. Preferred Practice Pattern Guidelines. 2013. American Academy of Ophthalmology. Available at: Available at: http://one.aao.org/guidelines-browse

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.