

Alrex (loteprednol ophthalmic suspension drops)
Durezol (difluprednate emulsion)
Flarex (0.1% fluorometholone ophthalmic suspension drops)
FML Forte (0.25% fluorometholone ophthalmic suspension drops)
FML S.O.P. (0.1% fluorometholone ophthalmic ointment)
Inveltys (loteprednol ophthalmic suspension preservative-free)
Lotemax (0.38% loteprednol ophthalmic gel)
Lotemax Ointment
Lotemax (0.5% loteprednol ophthalmic suspension)
Lotemax (0.5% loteprednol ophthalmic gel)
0.5% loteprednol ophthalmic suspension (LOTEMAX)
Maxidex (0.1% dexamethasone ophthalmic suspension drops)
Pred Mild (0.12% prednisolone ophthalmic suspension drops)
Vexol (1% rimexolone suspension)

Diagnosis Considered for Coverage:

- Treatment of steroid responsive inflammatory conditions of the eye

Coverage Criteria:

Alrex Flarex FML Forte FML S.O.P. Maxidex Pred Mild	PLUS • No PA required STANDARD • Inadequate response, intolerable side effect, or contraindication to either fluorometholone 0.1% or prednisolone 1% eye drops.
Lotemax Suspension 0.5% Gel 0.5%	PLUS • No PA required STANDARD • Inadequate response, intolerable side effect, or contraindication to either fluorometholone 0.1% or prednisolone 1% eye drops.
Durezol Lotemax Gel 0.38% Lotemax Ointment Vexol	PLUS- open plan • No PA required PLUS- closed plan • Inadequate response, intolerable side effect, or contraindication to ONE preferred ophthalmic agent including: fluorometholone 0.1% (FML Liquifilm), prednisolone 1% (Omnipred, Pred Forte), Alrex, Flarex, FML Forte, FML S.O.P, Lotemax Suspension, Lotemax Gel,

	Maxidex, and Pred Mild. STANDARD Inadequate response, intolerable side effect, or contraindication to either fluorometholone 0.1% or prednisolone 1% eye drops.
Inveltys (loteprednol ophthalmic suspension preservative-free)	PLUS - Medical rationale why patient is unable to use the preferred formulary alternative Lotemax (loteprednol) eye drops, eye gel, or eye ointment. STANDARD - Inadequate response, intolerable side effect, or contraindication to either fluorometholone 0.1% or prednisolone 1% eye drops.

Coverage Duration: Short term

Effective: 6/05/2019GF