

Timoptic 0.25% Ocudose
Timoptic 0.5% Ocudose

Diagnosis Considered for Coverage:

- Open angle glaucoma or ocular hypertension

Coverage Criteria:

For diagnosis listed above:

- Inadequate response or intolerable side effect with the preferred formulary alternative timolol 0.25% and 0.5% multi-dose bottle eye drops, **and**
- Dose does not exceed FDA approved dose.

Coverage Duration: one year

Effective Date: 11/29/2023