Premier Health Plan

POLICY AND PROCEDURE

POLICY TITLE: ***Non-Preferred Ophthalmic Glaucoma Agent Step***
DEPARTMENT: **Clinical Pharmacy Services- Utilization Management**
ORIGINAL DATE: ***May 2011 (as adopted from UPMC Health Plan)***

Last P & T Committee Approval Date: *February 2018*

Product Applicability: *mark all applicable products below:*

COMMERCIAL	[ ] HMO [ ] PPO *Products*: [ ] Small [ ] Indiv. [ ] Large *Exchange*: [ ] Shop [ ] Indiv. [x] All
OTHER	[x] Self-funded/ASO

PURPOSE

The purpose of this policy is to define the prior authorization process for Non-Preferred Ophthalmic Glaucoma Agents.

Travoprost (Travatan® and Travatan Z®), tafluprost (Zioptan®), unoprostone (Rescula®), bimatoprost 0.03%, and netarsudil (Rhopressa®) are indicated for the reduction of elevated intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension.

DEFINITIONS

Ocular Hypertension: persistently elevated intraocular pressure in the absence of any other signs of glaucoma; it may or may not progress to chronic simple glaucoma.

Open-angle Glaucoma: form of primary glaucoma in the eye in which the angle of the anterior chamber remains open, but filtration is gradually diminished because of the tissues of the angle. Glaucoma itself represents a group of eye diseases characterized by an increase in intraocular pressure, causing pathological changes in the optic disk and typical visual field defects.

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Non-Preferred Medication: a medication for which a generic or other brand name medication is preferred at a lower tier. This medication is associated with the highest level of copayment.

POLICY

It is the policy of the Health Plan to maintain a prior authorization process that promotes appropriate utilization of specific drugs with potential for misuse or limited indications. This process involves a review using Food and Drug Administration (FDA) criteria to make a determination of Medical Necessity, and approval by the Pharmacy & Therapeutics Committee of the criteria for prior authorization, as described in RX.002 Pharmacy and Therapeutics Committee and RX.003-Prior Authorization Process.

The drugs, Non-Preferred Ophthalmic Glauucoma Agents, are subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed under the applicable header:

1. **Automatic coverage:**
   - Must have a documented pharmacy claim history of prior therapy with Xalatan (latanoprost)

2. **Members without documented claim history of Xalatan (latanoprost):**
   - Must have chart documentation which shows the member has tried and failed or had intolerance to Xalatan (latanoprost)

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to duration of member's membership with plan
Reauthorization	N/A

If the established criteria are not met, the request is referred to a Medical Director for review.

REFERENCES

1. Ocular Hypertension. http://medical-dictionary.thefreedictionary.com/ocular+hypertension./ Accessed 8/15/2011.
2. Open-angle Glaucoma and Primary Glaucoma. http://medical-dictionary.thefreedictionary.com/open-angle+glaucoma. Accessed 8/15/2011.
3. Travatan [package insert]. Fort Worth, TX: Alcon Laboratories, Inc; September 2010.

4. Travatan Z [package insert]. Fort Worth, TX: Alcon Laboratories, Inc; September 2010.
5. Xalatan [package insert]. Woodstock, IL: Catalent Pharma Solutions; August 2011.
6. Zioptan [package insert]. Whitehouse Station, NJ: Merck & Co., Inc.; March 2012
7. Rescula [package insert]. Bethesda, MD: Sucampo Pharma Americas, LLC; November 2012.
8. Bimatoprost Ophthalmic Solution, 0.03% [package insert]. Lupin Pharmaceuticals, Inc.; March 2015.
9. Rhopressa [package insert]. Irvine, CA: Aerie Pharmaceuticals, Inc; December 2017.

RECORD RETENTION

Records Retention for Evolent Health documents, regardless of medium, are provided within the Evolent Health records retention policy and as indicated in CORP.028.E Records Retention Policy and Procedure.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
Annual review	*02/16, 02/17, 02/18*
Title change, addition of Rhopressa	*05/18*