

## STEP THERAPY POLICY

- POLICY:** Ophthalmic – Glaucoma – Alpha-Adrenergic Agonists Step Therapy Policy
- Alphagan® P (brimonidine tartrate 0.1% and 0.15% ophthalmic solution – Allergan, generic [0.15% only])
  - Apraclonidine 0.5% ophthalmic solution (generic only)
  - Brimonidine tartrate 0.2% ophthalmic solution (generic only)
  - Iopidine® (apraclonidine 1% ophthalmic solution – Alcon)

**REVIEW DATE:** 09/28/2022

---

### OVERVIEW

Alphagan P 0.1%, brimonidine 0.15% ophthalmic solution, and brimonidine 0.2% ophthalmic solution are indicated for the **reduction of elevated intraocular pressure (IOP)** in patients with open-angle glaucoma or ocular hypertension.<sup>1,2</sup> Apraclonidine 0.5% ophthalmic solution is indicated as short-term adjunctive therapy in patients on maximally tolerated medical therapy who require additional **IOP reduction**.<sup>3</sup> Patients on maximally tolerated medical therapy who are treated with apraclonidine 0.5% ophthalmic solution to delay surgery should have frequent follow-up examinations and treatment should be discontinued if the IOP rises significantly. Iopidine 1% is indicated to **control or prevent post-surgical elevations in IOP that occur in patients after argon laser trabeculoplasty, argon laser iridotomy or Nd:YAG posterior capsulotomy**.<sup>4</sup>

Alphagan P contains the preservative Purite® 0.005%.<sup>1</sup> Brimonidine 0.2% ophthalmic solution contains the preservative benzalkonium chloride 0.005%.<sup>2</sup> Iopidine 1% and apraclonidine 0.5% ophthalmic solution contain the preservative benzalkonium chloride 0.01%.<sup>3,4</sup>

### POLICY STATEMENT

This program has been developed to encourage the use of a Step 1 Product prior to the use of a Step 2 Product. If the Step Therapy rule is not met for a Step 2 Product at the point of service, coverage will be determined by the Step Therapy criteria below. All approvals are provided for 1 year in duration.

**Automation:** A patient with a of one Step 1 Product within the 130-day look-back period is excluded from Step Therapy.

**Step 1:** generic apraclonidine 0.5% ophthalmic solution, generic brimonidine tartrate 0.15% ophthalmic solution, generic brimonidine tartrate 0.2% ophthalmic solution

**Step 2:** Alphagan P 0.1%, Alphagan P 0.15%, Iopidine 1%

### CRITERIA

1. If the patient has tried one Step 1 Product, approve a Step 2 Product.
2. If the patient is undergoing argon laser trabeculoplasty, argon laser iridotomy or Nd:YAG posterior capsulotomy, approve Iopidine 1%.

09/28/2022

© 2022. All Rights Reserved.

This document is confidential and proprietary. Unauthorized use and distribution are prohibited.

3. No other exceptions are recommended.

#### **REFERENCES**

1. Alphagan P<sup>®</sup> 0.1% and 0.15% ophthalmic solution [prescribing information]. Irvine, CA: Allergan; September 2013.
2. Brimonidine 0.2% ophthalmic solution [prescribing information]. Weston, FL: Apotex; December 2021.
3. Apraclonidine 0.5% ophthalmic solution [prescribing information]. Gurnee, IL: Akorn; January 2022.
4. Iopidine<sup>®</sup> 1% ophthalmic solution [prescribing information]. Fort Worth, TX: Alcon; March 2018.