

PRIOR AUTHORIZATION POLICY

- POLICY:** Ophthalmic – Glaucoma – Prostaglandins Prior Authorization Policy
- Bimatoprost 0.03% ophthalmic solution – generic only
 - Lumigan® (bimatoprost 0.01% ophthalmic solution – Allergan)
 - Rocklatan™ (netarsudil 0.02%/latanoprost 0.005% ophthalmic solution – Aerie Pharmaceuticals)
 - Travatan® Z (travoprost 0.004% ophthalmic solution [benzalkonium chloride-free] – Novartis, generic)
 - Vyzulta™ (latanoprostene bunod 0.024% ophthalmic solution – Bausch + Lomb)
 - Xalatan® (latanoprost 0.005% ophthalmic solution – Pfizer, generic)
 - Xelpros™ (latanoprost 0.005% ophthalmic emulsion – Sun Pharmaceuticals)
 - Zioptan® (tafluprost 0.0015% ophthalmic solution – Akorn)

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OVERVIEW

The various ophthalmic prostaglandin products are indicated for the reduction of elevated intraocular pressure (IOP) in patients with **open-angle glaucoma** or **ocular hypertension**.¹⁻⁸ All of these are single-entity products, except Rocklatan, which is a combination product containing a rho kinase inhibitor (netarsudil) and a prostaglandin analog (latanoprost). Bimatoprost 0.03% ophthalmic solution is also marketed as Latisse®, indicated to treat hypotrichosis of the eyelashes by increasing their growth including length, thickness, and darkness.⁹ Of note, Latisse is not included in this policy.

Glaucoma, a disease that damages the eye's optic nerve, is the leading cause of blindness in people > 60 years old.¹⁰ Reduction of IOP, regardless of the pretreatment IOP, reduces the risk of disease progression.¹¹ In addition, IOP reduction may prevent the onset to early glaucoma in patients with ocular hypertension.

Normal-tension glaucoma is a form of open-angle glaucoma characterized by glaucomatous optic neuropathy in patients with IOP measurements consistently < 21 mmHg.¹² According to the Glaucoma Research Foundation, normal-tension glaucoma is also referred to as low-tension glaucoma or normal-pressure glaucoma.¹³ Additionally, the American Academy of Ophthalmology guidelines on primary open-angle glaucoma include normal-tension glaucoma in the recommendations for care, stating that lowering IOP reduces the risk of developing primary open-angle glaucoma and slows the progression of primary open-angle glaucoma, including normal-tension open-angle glaucoma.¹¹

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of ophthalmic prostaglandins for patients < 60 years of age. This age edit (for patients < 60 years of age) is used to monitor for appropriate use and to screen for cosmetic use. Prescription benefit coverage of these products for cosmetic conditions is not recommended. All approvals are provided for the duration noted below. For patients ≥ 60 years of age, coverage will be approved at the point of service. Prior Authorization and prescription benefit coverage is not recommended for Latisse.

Automation: If the patient is < 60 years of age and does not have a of one ophthalmic glaucoma agent (e.g., beta blockers, alpha adrenergic agonists, carbonic anhydrase inhibitors) within the 720-day look-back period, coverage will be determined by Prior Authorization criteria.

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RECOMMENDED AUTHORIZATION CRITERIA

Coverage of ophthalmic prostaglandins is recommended in those who meet one of the following criteria:

FDA-Approved Indications

1. **Ocular Hypertension.** Approve for 1 year.
2. **Open-Angle Glaucoma.** Approve for 1 year.
Note: Open-angle glaucoma includes normal-tension glaucoma, which is also referred to as low-tension glaucoma or normal-pressure glaucoma.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of the ophthalmic prostaglandins is not recommended in the following situations:

1. **Cosmetic Conditions** (e.g., eyelash growth). Cosmetic use is not recommended for coverage as this indication is excluded from coverage in a typical pharmacy benefit.
2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Xalatan[®] ophthalmic solution [prescribing information]. New York, NY: Pfizer; April 2017.
2. Lumigan[®] ophthalmic solution [prescribing information]. Madison, NJ: Allergan; March 2022.
3. Travatan[®] Z ophthalmic solution [prescribing information]. East Hanover NJ: Novartis; May 2020.
4. Zioptan[®] ophthalmic solution [prescribing information]. Lake Forest, IL: Akorn; November 2018.
5. Vyzulta[™] ophthalmic solution [prescribing information]. Bridgewater, NJ: Bausch + Lomb; May 2019.
6. Bimatoprost 0.03% ophthalmic solution [prescribing information]. Lake Forest, IL; Akorn November 2020.
7. Rocklatan[™] ophthalmic solution [prescribing information]. Irvine, CA: Aerie Pharmaceuticals; June 2020.
8. Xelpros[™] ophthalmic emulsion [prescribing information]. Cranbury, NJ: Sun Pharmaceuticals; December 2020.
9. Latisse[®] ophthalmic solution [prescribing information]. Madison NJ: Allergan; August 2021.
10. Boyd K. Glaucoma. Available at: <https://www.aoa.org/eye-health/diseases/what-is-glaucoma>. Accessed on April 15, 2022.
11. Gedde SJ, Vinod K, Wright MW, et al. Primary open-angle glaucoma Preferred Practice Pattern[®] guidelines. The American Academy of Ophthalmology. 2020. Available at: <http://www.aoa.org/guidelines-browse?filter=preferredpracticepatterns>. Accessed on April 15, 2022.
12. Stein JD, Challa P. Diagnosis and Treatment of Normal-Tension Glaucoma. Available at: <https://www.aoa.org/eyenet/article/diagnosis-treatment-of-normal-tension-glaucoma>. Accessed on April 15, 2022.
13. Glaucoma Research Foundation. Normal-Tension Glaucoma. Last reviewed on October 29, 2017. Available at: <https://www.glaucoma.org/glaucoma/normal-tension-glaucoma.php>. Accessed on April 15, 2022.

