Commercial/Healthcare Exchange PA Criteria

Effective: September, 2010

Prior Authorization: Travatan Z, Vyzulta, Xelpros, Zioptan

Products Affected:
Travatan Z (travoprost) ophthalmic solution
Vyzulta (latanoprostene bunod) ophthalmic solution
Xelpros (latanoprost) ophthalmic emulsion
Zioptan (tafluprost) ophthalmic solution

Medication Description:
Glaucoma is a chronic condition that is characterized by cupping and atrophy of the optic nerve, deterioration of vision and ultimately blindness. This is often associated with an elevation of the intraocular pressure (IOP). Angle-closure glaucoma as well as congenital glaucoma is treated by surgical intervention. The more prevalent, primary open-angle glaucoma is most often treated pharmacologically. Treatment goal is reduction of IOP which is the only current risk factor that can be modified. Reduction of IOP can be accomplished in one or two ways: reducing the production of aqueous humor or by increasing the outflow of the aqueous humor from the anterior chamber of the eye.

There are six groups of pharmacological agents currently used to reduce IOP. The groups can be used separately or in combination. One group of drugs used for glaucoma treatment **is prostaglandins analogs.** Prostaglandin analogs increase uveoscleral outflow through a new mechanism of action: selective prostenoid receptor agonist that lowers intraocular pressure by increasing trabecular meshwork and outflow. All of the agents above are used to reduce elevated intraocular pressure in patients with open-angle glaucoma or ocular hypertension.

Covered Uses:
1. Reduction of elevated intraocular pressure in patients with open-angle glaucoma or ocular hypertension

Exclusion Criteria:
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.

Required Medical Information:
1. Diagnosis
2. Previous therapies tried/failed

Age Restrictions: N/A

Prescriber Restrictions: None

Coverage Duration: 12 months

Other Criteria:

ConnectiCare considers **Travatan Z, Vyzulta, Xelpros, or Zioptan**, to be medically necessary for patients who meet all of the following criteria:

A. Patient has documented open-angle glaucoma or ocular hypertension; **AND**
B. Patient has an intolerance to, or treatment failure of, Xalatan or Lumigan

References:

1. Xalatan® 0.005% ophthalmic solution [package insert]. New York, NY: Pfizer Inc.
2. Travatan® Z 0.004% ophthalmic solution [package insert]. Fort Worth, TX: Alcon Laboratories, Inc.
3. Vyzulta 0.024% ophthalmic solution [package insert]. Bridgewater, NJ: Bausch + Lomb
4. Xelpros 0.005% ophthalmic emulsion [package insert]. Sun Pharmaceutical Industries, Inc., Cranbury, NJ 08512.
5. Zioptan ophthalmic solution [package insert]. Whitehouse Station, NJ: Merck & Co., Inc

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	09/2010
2	CCI Review History	9/10, 12/11, 4/12, 10/12, 10/13, 10/14, 11/15, 11/16, 5/17, 11/17, 1/18, 11/18	All	
3	CCI Revision Record	4/12, 9/15, 11/16, 5/17, 1/18	All	
4	Update	Formatting change to new template Minor language changes Added Xelpros	All	03/26/2019