



**UnitedHealthcare Individual & Family ACA Marketplace Plans  
Clinical Pharmacy Program Guidelines for Glaucoma Agents**

Program	Step Therapy
Medication	Zioptan (tafluprost)
Issue Date	9/2020
Pharmacy and Therapeutics Approval Date	3/2023
Effective Date	5/2023

**1. Background:**

Zioptan (tafluprost) is an ophthalmic prostaglandin analog therapy for the treatment of open-angle glaucoma/ocular hypertension.

Step Therapy programs are utilized to encourage the use of lower cost alternatives for certain therapeutic classes. This program requires a member to try one alternative Glaucoma Agent – latanoprost (generic Xalatan) or travoprost (generic Travatan Z) – prior to receiving coverage for Zioptan (tafluprost).

**2. Coverage Criteria<sup>a</sup>:**

<p><b>A. Zioptan</b> will be approved based on the following criterion:</p> <ol style="list-style-type: none"><li>1. History of failure, contraindication or intolerance to <b>one</b> of the following:<ol style="list-style-type: none"><li>a. latanoprost (generic Xalatan)</li><li>b. travoprost (generic Travatan Z)</li></ol></li></ol> <p align="center"><b>Authorization will be issued for 12 months.</b></p> <p><sup>a</sup> State mandates may apply. Any federal regulatory requirements and the member specific benefit plan coverage may also impact coverage criteria. Other policies and utilization management programs may apply.</p>
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**3. Additional Clinical Rules:**

- Notwithstanding Coverage Criteria, UnitedHealthcare may approve initial and re-authorization based solely on previous claim/medication history, diagnosis codes (ICD-10) and/or claim logic. Use of automated approval and re-approval processes varies by program and/or therapeutic class.
- Supply limits may be in place.

**4. References:**

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1. American Academy of Ophthalmology. Preferred Practice Pattern: Primary Open-Angle Glaucoma. September 2020.
2. Zioptan [package insert]. France: Akorn, Inc.; November 2018.
3. Travatan Z [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation. May 2020.

Program	Step Therapy – Glaucoma Agents
<b>Change Control</b>	
Date	Change
7/2013	New program.
8/2013	Removal of Lumigan and Travatan Z from the step therapy program.
2/2014	Added Rescula to the step therapy program.
2/2015	Annual Review. Administrative changes.
3/2016	Annual Review. Updated references.
7/2016	Added Indiana and West Virginia coverage information.
11/2016	Administrative change. Added California coverage information.
3/2017	Annual Review. Updated reference. State mandate reference language updated.
3/2018	Added Vyzulta as a non-preferred option.
3/2019	Rescula removed from the step therapy program. Added statement regarding use of automated process and updated references.
3/2020	Annual review. Removed travoprost (generic Travatan) since no longer available. Added an authorization look back for current users and updated references. Updated references.
10/2020	Revised background, removed Vyzulta as a target drug and its exclusion language, and added travoprost as a formulary alternative.
3/2021	Annual review, updated references.
9/2021	Updated background to remove automation language.
3/2022	Annual review. Updated references.
3/2023	Annual review. No changes.