



UnitedHealthcare Pharmacy  
Clinical Pharmacy Programs

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| Program Number    | 2022 P 3015-12   |
| Program           | Step Therapy – Glaucoma Agents   |
| Medication        | Vyzulta (latanoprostene)*, Zioptan (tafluprost)  |
| P&T Approval Date | 7/2013, 8/2013, 2/2014, 2/2015, 3/2016, 3/2017, 3/2018, 3/2019, 3/2020, 3/2021, 3/2022 |
| Effective Date    | 6/1/2022;<br>Oxford only: 6/1/2022   |

**1. Background:**

Lumigan (bimatoprost), Travatan Z (travoprost)\*, Xalatan (latanoprost)\*, Vyzulta (latanoprostene)\* and Zioptan (tafluprost) are ophthalmic agents indicated for reducing elevated intraocular pressure in patients with open-angle glaucoma or 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 latanoprost (generic Xalatan) before providing coverage for Vyzulta\* or Zioptan.

If a member has a prescription for latanoprost in the claims history within the previous 12 months, the claim for Vyzulta\* or Zioptan will automatically process. Members, who have received at least a 90 day supply of Vyzulta\* or Zioptan in the past 120 days as documented in claims history, will be allowed continued coverage of their current therapy.

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

**A. Vyzulta\* or Zioptan** will be approved based on the following criterion:

1. History of failure, contraindication or intolerance to latanoprost (generic Xalatan)

**Authorization will be issued for 12 months.**

<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.

**\* Travatan Z, Vyzulta, Xalatan (brand only) are typically excluded from coverage.**

### 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:

1. American Academy of Ophthalmology. Preferred Practice Pattern: Primary Open-Angle Glaucoma. September 2020.
2. Zioptan [package insert]. France: Akorn, Inc.; November 2018.
3. Vyzulta [package insert]. Bridgewater, NJ: Bausch Health US, LLC; May 2019.

| 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. |
| 3/2021                | Annual review. Updated references.   |
| 3/2022                | Annual review. Added Travatan Z and brand only Xalatan are typically excluded from coverage.   |