**Medication Policy Manual**

**Policy No:** dru476

**Topic:** High-cost ophthalmic prostaglandin analogues

- bimatoprost (generic, Lumigan®)
- tafluprost (Zioptan™)
- travoprost-BAK free 0.004% (Travatan Z®)

**Date of Origin:** December 16, 2016

**Committee Approval Date:** December 16, 2016

**Effective Date:** January 1, 2017

**Next Review Date:** December 2017

**IMPORTANT REMINDER**

This Medication Policy has been developed through consideration of medical necessity, generally accepted standards of medical practice, and review of medical literature and government approval status.

*Benefit determinations should be based in all cases on the applicable contract language.* To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

The purpose of medication policy is to provide a guide to coverage. Medication Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care.

**Description**

Topical ophthalmic prostaglandin analogues (“prostaglandins”) are used for the treatment of high intraocular pressure (IOP) in people with open-angle glaucoma or ocular hypertension. This policy applies to high-cost prostaglandin analogue products.
Policy/Criteria

I. Most contracts require prior authorization approval of high-cost ophthalmic prostaglandin analogues prior to coverage. High-cost ophthalmic prostaglandin analogues may be considered medically necessary when generic latanoprost 0.005% has been ineffective, not tolerated, or is contraindicated.

II. Administration, Quantity Limitations, and Authorization Period
A. OmedaRx considers high-cost ophthalmic prostaglandin analogues to be a self-administered medications.
B. Authorization may be reviewed at least annually to confirm that current medical necessity criteria are met and that the medication is effective.

Position Statement

Summary
- Ophthalmic prostaglandin analogues are approved for the treatment of high IOP in people with open-angle glaucoma or ocular hypertension.
- Topical glaucoma products within each class are comparable for lowering IOP and all topical glaucoma products have a protective effect on visual field loss; however, which treatment best prevents blindness is unclear. [1]
- The generic prostaglandin analogue, latanoprost, offers the best overall value of the topical glaucoma products because it provides the greatest efficacy for lowering IOP at the lowest cost and is generally well-tolerated. Although available generically, bimatoprost 0.03% remains high-cost, relative to other generic prostaglandin analogues.

Clinical Efficacy [1]
- A high quality systematic review performed by the Agency for Healthcare Research and Quality (AHRQ) concluded that topical glaucoma products within each class are comparable for lowering IOP and that any topical glaucoma product has a protective effect on visual field loss when compared with placebo or no treatment. However, which treatment best prevents eventual visual disability (blindness) or improves patient-reported outcomes in unclear.
- The AHRQ systematic review concluded that prostaglandin analogues lower IOP to a greater extent than other classes of topical glaucoma products.
- The American Academy of Ophthalmology Primary Open-Angle Glaucoma Preferred Practice Pattern indicates that prostaglandin analogues are the most effective drugs at lowering IOP and can be considered as initial medical therapy unless other considerations such as cost, side-effects, intolerance, or patient refusal preclude this. [2]

Safety [3]
- All of the prostaglandin analogues with the exception of tafluprost (Zioptan) have more than ten years of clinical experience.
Common adverse effects associated with all prostaglandin analogues include conjunctival hyperemia (redness), and changes to pigmented tissue (e.g. iris) and eyelids/eyelashes; however, an observational safety study did note a higher incidence of prostaglandin-associated periorbitopathy (e.g. drooping eye lids, deepening of upper lid sulcus, periorbital fat loss) in patients treated with bimatoprost (Lumigan) versus latanoprost or travoprost.[4]

Respiratory disorders including exacerbation of asthma and dyspnea have been identified as adverse reactions through postmarketing experience.

Benzalkonium chloride (BAK), a common preservative used in topical glaucoma products (e.g. bimatoprost, latanoprost, generic travoprost), has been associated with effects such as changes to tear film, allergic reactions, and corneal damage; therefore, other preservatives such as PURITE® and sofZia® have been developed to avoid these effects and improve tolerability. There is insufficient evidence to determine the comparative safety and tolerability for BAK-preserved products versus products containing other preservatives. For all BAK containing products, contact lenses should be removed prior to use.

### Cross References

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### References


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