Glaucoma Step Therapy  
Effective 10/1/19

| Plan | ☒ MassHealth  
☐ Commercial/Exchange | Program Type | ☐ Prior Authorization  
☐ Quantity Limit  
☒ Step Therapy |
|-------|-------------------|--------------|------------------------|
| Benefit | ☒ Pharmacy Benefit  
☐ Medical Benefit (NLX) | | |
| Specialty Limitations | N/A | | |

**Overview**
Prescriptions that meet the initial step therapy requirements will adjudicate automatically at the point of sale. If the prescription does not meet the initial step therapy requirements, the prescription will deny with a message indicating that prior authorization (PA) is required. Refer to the criteria below and submit a PA request for the members who do not meet the initial step therapy requirements at the point of sale.

**Initial Step-Therapy Requirements:**
- **First-Line:** Medication(s) listed on first-line are covered without prior-authorization.
- **Second-Line:** Second-line medications will pay if the member has filled a first-line medication or a second-line medication within the past 180 days.
- **Third-Line:** Third-line medications will pay if the member has filled a second-line medication or a third-line medication within the past 180 days.

**Coverage Guidelines**
If a member does not meet the initial step therapy requirements, then approval of a second-line medication will be granted if the member has a documented inadequate response or side effect to the first-line medication. Approval of a third-line medication will be granted if the member has a documented inadequate response or side effect to the first-line medication and one second-line medication.

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<tr>
<th>FIRST-LINE</th>
<th>SECOND-LINE</th>
<th>THIRD-LINE</th>
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| Latanoprost 0.005% | Lumigan 0.01%  
Travatan Z 0.004%  
Zioptan 0.0015% | Rhopressa  
Rocklatan |

**Limitations**
399 Revolution Drive, Suite 810, Somerville, MA 02145 | allwayshealthpartners.org
1. Approvals will be granted for 36 months

References
1. Xalatan (latanoprost) [prescribing information]. New York, NY: Pfizer; April 2017
2. Lumigan (bimatoprost) [prescribing information]. Irvine, CA: Allergan; July 2017
3. Rhopressa (netarsudil) [prescribing information]. Irvine, CA: Aerie Pharmaceuticals; March 2019
4. Rocklatan (netarsudil/latanoprost) [prescribing information]. Irvine, CA: Aerie Pharmaceuticals, Inc; March 2019
5. Travatan Z (travoprost) [product monograph]. Dorval, Quebec, Canada: Novartis Pharmaceuticals Canada Inc; February 2019
6. Zioptan (tafluprost) [prescribing information]. Lake Forest, IL: Akorn, Inc; January 2018

Review History
09/18/19 – Reviewed

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