

## Pharmacy Policy

---

### Step Therapy Policy – Glaucoma

**Policy Number:** 9.913

**Version Number:** 2.0

**Version Effective Date:** 3/1/2022

Product Applicability		<input type="checkbox"/> All Plan+ Products
<b>Well Sense Health Plan</b>	<b>Boston Medical Center Healthnet Plan</b>	
<input type="checkbox"/> New Hampshire Medicaid	<input checked="" type="checkbox"/> Masshealth - MCO	
	<input checked="" type="checkbox"/> Masshealth - ACO	
	<input type="checkbox"/> Qualified Health Plans	
	<input type="checkbox"/> Senior Care Options	

Note: Disclaimer and Audit Information Is Located At The End Of This Document.

## Prior Authorization Policy

---

### **POLICY STATEMENT:**

A step therapy program has been developed to encourage the use of Step-1 products prior to the use of a Step-2 product, without interrupting existing therapy. If the step therapy rule is not met for a Step-2 agent at the point of service, coverage will be determined by the step therapy criteria below. All approvals are provided for 1 year in duration.

### **Standard Criteria:**

The plan may authorize coverage of the products in the appendix for all FDA indications not otherwise excluded and for members meeting the following criteria when step therapy is not met at point of sale from claims history:

\* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

1. Prescribers must provide documentation (including trial outcome) that the member has tried and failed the appropriate number of Step 1 agents as indicated in Appendix A and in the coverage criteria requirements. **OR**
2. Prescriber must provide documentation that the member has a contraindication to or other clinical rationale preventing the use of ALL Step 1 agents indicated in Appendix A.

### Appendix A: Step Therapy Details

Anti- Glaucoma 1		
Step 1	Step 2	Coverage Criteria
Latanoprost Sol 0.005 % Ophthalmic	Bimatoprost Sol 0.03% Travoprost Opth Soln 0.004% (Benzalkonium Free)	Pharmacy Claims Indicating The Use of Latanoprost Sol 0.005 % In The Previous 130 Days

Anti- Glaucoma 2		
Step 1	Step 2	Coverage Criteria
Dorzolamide Hcl Sol 2% Ophthalmic	Brinzolamide 1 % Ophthalmic Suspension	Pharmacy Claims Indicating The Use of Dorzolamide 2% In The Previous 130 Days

Anti- Glaucoma 3		
Step 1	Step 2	Coverage Criteria
Betaxolol Hcl Solution 0.5 %	Betoptic-S Suspension 0.25 % Ophthalmic	Pharmacy Claims Indicating The Use of Betaxolol 0.5% In The Previous 130 Days

Anti- Glaucoma 4		
Step	Step 2	Coverage Criteria
Brimonidine Tartrate Sol 0.2 %	Alphagan P Solution 0.1 % Ophthalmic Brimonidine Tartrate Solution 0.15 % Ophthalmic	Pharmacy Claims Indicating The Use of Of Brimonidine 0.2% In The Previous 130 Days

\* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

Anti- Glaucoma 5		
Step 1	Step 2	Coverage Criteria
Brimonidine Tartrate 0.2 % Dorzolamide Hcl Solution 2%	Simbrinza Suspension 1-0.2 % Ophthalmic	Pharmacy Claims Indicating The Use Of Brimonidine 0.2% And Dorzolamide 2% In The Previous 130 Days

Anti- Glaucoma- BB		
Step 1	Step 2	Coverage Criteria
Timolol Maleate Soln 0.25% Timolol Maleate Soln 0.5% Timolol Maleate Soln (GFS) 0.25% Timolol Maleate Soln (GFS) 0.5%	Betimol (Timolol Maleate Sol 0.25% QD) Betimal (Timolol Maleate Sol 0.5% QD)	Pharmacy Claims Indicating The Use of Of One covered Timolol Step 1 Agent The Previous 130 Days

### Clinical Background Information and References

1. American Academy of Ophthalmology Corneal/External Disease Panel. Preferred Practice Pattern Guidelines. Glaucoma Summary Benchmarks. San Francisco, CA: American Academy of Ophthalmology; 2020. Available at: <http://www.aaopt.org/ppp>. Accessed Sept. 2021.
2. Azopt Suspension 1 % Ophthalmic Solution [package insert]. Alcon Laboratories. Fort Worth Texas. Accessed Sept. 2021.
3. Betaxolol Hcl Solution 0.5 % Ophthalmic Solution [package insert]. Alcon Laboratories. Fort Worth Texas. Accessed Sept. 2021.
4. Betoptic-S Suspension 0.25 % Ophthalmic [package insert]. Novartis. Basel , Switzerland.
5. Brimatoprost Solution 0.03% [package insert]. Allergan. Irvine, CA. Accessed 2021.
6. Brimonidine Tartrate Solution 0.2 % [package insert]. Biuchervill (Quebec) Canada. Accessed Sept 2021.
7. Simbrinza Suspension 1-0.2 % Ophthalmic [package insert]. Alcon Laboratories. Fort Worth Texas. Accessed Sept. 2021.
8. Timolol Maleate Ophthalmic Solution [package insert]. Bausch + Lomb. Bridgewater, NJ. Nov. 2020. Accessed Sept 2021.
9. Travoprost Opth Soln 0.004% [package insert]. Alcon Laboratories. Fort Worth Texas. Accessed Sept. 2021.
10. Xalatan (Lantanoprost) [package insert]. Pfizer, Puurs Belgium. Accessed Sept 2021.

\* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

Original Approval Date	Original Effective Date	Policy Owner	Approved By
12/1/2020	1/1/2021	Pharmacy Services	Pharmacy & Therapeutics (P&T) Committee

Policy Revisions History			
Review Date	Summary Of Revisions	Revision Effective Date	Approved By
12/1/2020	Created separate policies per applicable line of business. Coverage duration changed to 1 year. Addition of policy statement and standard criteria. Changed trial look back to 130 days from 120 days.	1/1/2021	Pharmacy & Therapeutics (P&T) Committee
11/11/2021	Removed Lumigan from the policy as a Step 2 agent. Lumigan moved to non-formulary. Remove Azopt from policy (add generic as step 2 agent)	3/1/2022	Pharmacy & Therapeutics (P&T) Committee

#### Next Review Date

2022

#### Other Applicable Policies

#### Reference To Applicable Laws And Regulations, If Any

#### Disclaimer Information

Medical Policies Are The Plan's Guidelines For Determining The Medical Necessity Of Certain Services Or Supplies For Purposes Of Determining Coverage. These Policies May Also Describe When A Service Or Supply Is Considered Experimental Or Investigational, Or Cosmetic. In Making Coverage Decisions, The Plan Uses These Guidelines And Other Plan Policies, As Well As The Member's Benefit Document, And When Appropriate, Coordinates With The Member's Health Care Providers To Consider The Individual Member's Health Care Needs.

Plan Policies Are Developed In Accordance With Applicable State And Federal Laws And Regulations, And Accrediting Organization Standards (Including NCQA). Medical Policies Are Also Developed, As Appropriate, With Consideration Of The Medical Necessity Definitions In Various Plan Products, Review Of Current Literature, Consultation With Practicing Providers In The Plan's Service Area Who Are Medical Experts In The

\* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

Particular Field, And Adherence To FDA And Other Government Agency Policies. Applicable State Or Federal Mandates, As Well As The Member's Benefit Document, Take Precedence Over These Guidelines. Policies Are Reviewed And Updated On An Annual Basis, Or More Frequently As Needed. Treating Providers Are Solely Responsible For The Medical Advice And Treatment Of Members.

The Use Of This Policy Is Neither A Guarantee Of Payment Nor A Final Prediction Of How A Specific Claim(S) Will Be Adjudicated. Reimbursement Is Based On Many Factors, Including Member Eligibility And Benefits On The Date Of Service; Medical Necessity; Utilization Management Guidelines (When Applicable); Coordination Of Benefits; Adherence With Applicable Plan Policies And Procedures; Clinical Coding Criteria; Claim Editing Logic; And The Applicable Plan – Provider Agreement.

\* *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.