

Pharmacy Policy

Rhopressa™ (netarsudil)

Policy Number: 9.912

Version Number: 2.0

Version Effective Date: 3/1/2022

<p>Product Applicability <input type="checkbox"/> All Plan+ Products</p>	
<p>Well Sense Health Plan</p> <p><input type="checkbox"/> New Hampshire Medicaid</p>	<p>Boston Medical Center HealthNet Plan</p> <p><input checked="" type="checkbox"/> MassHealth- MCO</p> <p><input checked="" type="checkbox"/> MassHealth- ACO</p> <p><input type="checkbox"/> Qualified Health Plans/ConnectorCare/Employer Choice Direct</p> <p><input type="checkbox"/> Senior Care Options</p>

Note: Disclaimer and audit information is located at the end of this document.

Prior Authorization Policy

Products Affected:

- **Rhopressa Solution 0.02% Ophthalmic**

The Plan may authorize coverage of the above products for members meeting the following criteria:

Covered Use	All medically excepted indications unless otherwise excluded
Exclusion Criteria	None
Required Medical Information	<ol style="list-style-type: none"> 1. Diagnosis of open-angle glaucoma or ocular hypertension; AND 2. An inadequate response or intolerance to a prostaglandin analog ophthalmic solution and a beta-adrenergic antagonist ophthalmic solution; AND 3. The members is 18 years of age or older.

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Coverage Duration	12 months
Other criteria	Reauthorization 1. Patient must continue to meet above initial criteria; AND 2. Provider attestation of demonstrated efficacy (e.g., reduction in IOP).

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.aao.org/ppp>. Accessed Sept. 2021.
2. Rhopressa (netasurdil) Prescribing Information. Aerie Pharmaceuticals, Inc. Irvine, CA 92614. March 2019. Accessed September 2021
3. Jacobs, DS. Open-angle Glaucoma: Treatment. UptoDate. Last updated August 4, 2021. Accessed Sept. 2021.

Original Approval Date	Original Effective Date	Policy Owner	Approved by
9/10/2020	1/1/2021	Pharmacy Services	Pharmacy & Therapeutics (P&T) Committee

Policy Revisions History			
Review Date	Summary of Revisions	Revision Effective Date	Approved by
9/10/2020	9.700 Rhopressa Policy retired, new policy created. Replaced documentation language with attestation	1/1/2021	P&T Committee
11/11/2021	Removal of exclusion criteria.	3/1/2022	P&T Committee

Next Review Date

2022

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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 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.

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