# SmartPA Criteria Proposal

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|---|---|
| **Drug/Drug Class:** | Glaucoma Agents PDL Edit |
| **First Implementation Date:** | January 5, 2012 |
| **Proposed Date:** | March 17, 2022 |
| **Prepared For:** | MO HealthNet |
| **Prepared By:** | MO HealthNet/Conduent |
| **Criteria Status:** | ☒Existing Criteria<br>☐Revision of Existing Criteria<br>☐New Criteria |

## Executive Summary

**Purpose:** The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

**Why Issue Selected:** Glaucoma is the second most common cause of permanent blindness in the United States. Increased intraocular pressure (IOP) is common in glaucoma and is believed to contribute to the damage to the optic nerve which can lead to loss of visual sensitivity and field. It was once thought that high IOP was the main cause of this optic nerve damage. Although IOP is clearly a risk factor, it is now known that other factors must also be involved because even people with "normal" levels of pressure can experience vision loss from glaucoma. Two major types of glaucoma have been identified: open-angle and closed-angle. Roughly 2.5 million Americans have primary open-angle glaucoma which is the most common type of glaucoma. It happens when the eye's drainage canals become clogged over time, causing the IOP to rise as the fluid cannot properly drain. Closed or narrow-angle glaucoma is very different from open-angle in that the pressure usually rises very quickly. The outer edge of the iris bunches over the drainage canals when the pupil quickly enlarges. Several types of medications are used to treat glaucoma, including beta-blockers, sympathomimetics, topical carbonic anhydrase inhibitors, direct/indirect cholinergic agonists, and prostaglandin analogs. Monotherapy or combination therapy may be used to treat and delay the need for surgery and to prevent functional vision loss. All medications used for the management of glaucoma attempt to limit further damage to the optic nerve.

Total program savings for the PDL classes will be regularly reviewed.

**Program-Specific Information:**

| Preferred Agents | Non-Preferred Agents |
|---|---|
| • Latanoprost<br>• Travatan-Z® | • Bimatoprost<br>• Durysta®<br>• Lumigan®<br>• Rhopressa®<br>• Rocklatan®<br>• Simbrinza®<br>• Travoprost<br>• Vyzulta®<br>• Xalatan®<br>• Xelpros™<br>• Zioptan® |

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|---|---|---|
| **Type of Criteria:** | ☐ **Increased risk of ADE** | ☒ **Preferred Drug List** |
| | ☐ **Appropriate Indications** | ☐ **Clinical Edit** |
| **Data Sources:** | ☐ **Only Administrative Databases** | ☒ **Databases + Prescriber-Supplied** |

## Setting & Population

- Drug class for review: Glaucoma Agents
- Age range: All appropriate MO HealthNet participants

## 

- For Rhopressa, Rocklatan or Simbrinza therapy:
  - Documented compliance on current therapy regimen **OR**
  - Adequate therapeutic trial of 1 prostaglandin agent AND 1 beta-adrenergic blocking agent **OR**
- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  - Documented trial period for preferred agents **OR**
  - Documented ADE/ADR to preferred agents **AND**
- For Durysta: Clinical Consultant Review required if participant history demonstrates prior claim for bimatoprost intracameral implant

## Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if all approval criteria are not met

## Required Documentation

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|---|---|---|---|
| Laboratory Results: | ☐ | Progress Notes: | ☐ |
| MedWatch Form: | ☐ | Other: | ☐ |

## Disposition of Edit

Denial: Exception Code “0160” (Preferred Drug List)
Rule Type: PDL

## Default Approval Period

1 year

## References


- Evidence-Based Medicine and Fiscal Analysis: “Glaucoma, Prostaglandin Agonists – Therapeutic Class Review”, Conduent Business Services, L.L.C., Richmond, VA; January 2022.
- Evidence-Based Medicine Analysis: “Glaucoma Agents”, UMKC-DIC; October 2021.
- USPDI, Micromedex; 2022.
- Facts and Comparisons eAnswers (online); 2022 Clinical Drug Information, LLC.