SmartPA Criteria Proposal

Drug/Drug Class:	Glaucoma Agents PDL Edit
First Implementation Date:	January 5, 2012
Revised Date:	July 6, 2023
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	☐Existing Criteria ☒Revision of Existing Criteria ☐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. 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	• Bimatoprost • Durysta® • Lumigan® • Rhopressa® • Rocklatan® • Simbrinza® • Tafluprost • **Travatan-Z®** • Travoprost • Vyzulta® • Xalatan® • Xelpros™ • Zioptan®

Type of Criteria:

☐ **Increased risk of ADE**
☐ **Appropriate Indications**
☒ **Preferred Drug List**
☐ **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

Approval Criteria

- For non-preferred agents:
  - 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 **1** 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

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: “Therapeutic Class Review: Ophthalmic: Glaucoma, Prostaglandin Agonists”, Gainwell Technologies; Last updated February 15, 2023.
- Evidence-Based Medicine and Fiscal Analysis: “Therapeutic Class Review: OPHTHALMIC: Glaucoma, Rho Kinase (ROCK Inhibitors)”, Gainwell Technologies; Last updated January 16, 2023.
- Evidence-Based Medicine Analysis: “Glaucoma Agents”, UMKC-DIC; Last updated October 2022.
- USPDI, Micromedex; 2023.
- Facts and Comparisons eAnswers (online); 2023 Clinical Drug Information, LLC.