

GENERIC STEP THERAPY PLANS (GSTP)

DRUG CLASS	PROSTAGLANDIN ANALOGUES AND COMBINATIONS
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HPGST SSB:	lyuzeh, Lumigan, Rocklatan, Xelpros, Vyzulta
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TGST SSB:	lyuzeh, Lumigan, Rocklatan, Xelpros, Vyzulta
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Status: CVS Caremark® Criteria

Type: Initial Step Therapy; Post Step Therapy Prior Authorization

POLICY

INITIAL STEP THERAPY

If the patient has filled a prescription for at least a 30 day supply of at least one generic prostaglandin analogue drug within the past 365 days under a prescription benefit administered by CVS Caremark, then the requested branded drug will be paid under that prescription benefit. If the patient does not meet the initial step therapy criteria, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

COVERAGE CRITERIA

Authorization may be granted for the requested branded prostaglandin analogue drug when ONE of the following criteria are met:

- The patient has experienced an inadequate treatment response after at least a 30 day trial of at least ONE generic prostaglandin analogue drug
- The patient has a documented contraindication or a potential drug interaction that would prohibit a trial of at least ONE generic prostaglandin analogue drug
- The patient has experienced an intolerance to at least ONE generic prostaglandin analogue drug

DURATION OF APPROVAL (DOA)

- 612-D: DOA: 24 months
- 613-D: DOA: 24 months

REFERENCES

N/A