CVS caremark

Reference number(s)
613-D

Initial Step Therapy; Post Step Therapy Prior Authorization Prostaglandin Analogues and Combinations

Generic Step Therapy Plans (GSTP)

Products Referenced by this Document

Brand Name
Iyuzeh
Lumigan
Rocklatan
Vyzulta
Xelpros

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 730 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 drug when ONE of the following criteria are met:

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- 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)

- 613-D: DOA: 24 months

References

N/A

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