

GENERIC STEP THERAPY PLANS (GSTP)

DRUG CLASS

PROSTAGLANDIN ANALOGUES

HPGST SSB – Ref# 612-D: Lumigan, Zioptan

TGST SSB – Ref# 613-D: Lumigan, Zioptan

Status: CVS Caremark Criteria

Type: Initial Step Therapy; Post Step Therapy Prior Authorization

INITIAL STEP THERAPY

If the patient has filled a prescription for at least a 30 day supply of a generic prostaglandin analogue 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 system 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

Branded prostaglandin analogues will be covered with post step therapy prior authorization when the following criteria are met:

- Patient has experienced an inadequate treatment response, intolerance, contraindication or potential drug interaction to at least one generic prostaglandin analogue.

RATIONALE

If the patient has filled a prescription for at least a 30 day supply of a generic prostaglandin analogue 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 prior authorization is required.

If the patient has a documented contraindication to or a potential drug interaction with a generic drug, then the requested brand drug will be covered. If the patient is intolerant to at least one of the generic drugs, then the requested brand drug will be covered. If the patient has tried one of the generic drugs for at least 30 days and had an inadequate treatment response, then the requested brand drug will be covered. If these requirements are met, then the approval duration is 24 months.

REFERENCES

N/A

Written by: UM Development (NB)
Date Written: 01/2011
Revised: 05/2011, 02/2012, 04/2012 (added Zioptan), 09/2012 (updated formatting and documentation), 10/2012 (removed documentation), 02/2013, 11/2013 (reworded question #2), 11/2014, 11/2015, 11/2016 (no changes), (SF) 11/2017 (no changes), 10/2018 (no changes), 01/2019 (removed Travatan Z)
Reviewed: Medical Affairs 01/2011, (KP) 02/2012, 04/2012; (DC) 09/2012, (LS) 02/2013, (LS) 11/2013, (DC) 11/2014
GSTP Prostaglandin Analogues

© 2018 Caremark. All rights reserved. This document contains confidential, privileged and proprietary information of CVS/caremark. It cannot be reproduced, distributed or printed without written permission from CVS/caremark. Clinical criteria may change at any time based on at-risk generic launches, new drug approvals, formulary changes and other market and regulatory events. Updates to the clinical criteria and GSTP may be made quarterly. This page contains prescription brand name drugs that are registered or trademarks of pharmaceutical manufacturers that are not affiliated with CVS/caremark Inc.

External Review: 04/2011, 04/2012, 04/2013, 02/2014, 02/2015, 02/2016, 02/2017, 02/2018, 02/2019

GSTP Prostaglandin Analogues

© 2018 Caremark. All rights reserved. This document contains confidential, privileged and proprietary information of CVS/caremark. It cannot be reproduced, distributed or printed without written permission from CVS/caremark. Clinical criteria may change at any time based on at-risk generic launches, new drug approvals, formulary changes and other market and regulatory events. Updates to the clinical criteria and GSTP may be made quarterly. This page contains prescription brand name drugs that are registered or trademarks of pharmaceutical manufacturers that are not affiliated with CVS/caremark Inc.