



MASSACHUSETTS

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Pharmacy Medical Policy Ophthalmic Prostaglandins

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Policy Number: 346

BCBSA Reference Number: None

Related Policies

None

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Note: All requests for outpatient retail pharmacy for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Clinical Pharmacy Operations by completing the Prior Authorization Form on the last page of this document. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally. Physicians may also submit requests for retail pharmacy exceptions via the web using Express PA which can be found on the BCBSMA provider portal or directly on the web at <https://provider.express-path.com>. Patients must have pharmacy benefits under their subscriber certificates.

Please refer to the chart below for the formulary and step status of the medications affected by this policy.

**Non formulary medications are covered when a formulary exception request is submitted to BCBSMA Pharmacy Operations and criteria below are met.

Drug	Formulary Information	
	Standard	
	Formulary Status	
STEP 1		
Bimatoprost	Covered	
Latanoprost		
Travoprost		
STEP 2		
Lumigan® (bimatoprost)	Prior use of Step 1 Required	
Rescula™ (unoprostone isopropyl)		
Travatan Z® (travoprost)		
Xalatan® (latanoprost)		
Xelpros™ (latanoprost)		

Zioptan™** (tafluprost)	
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We cover the Ophthalmic Prostaglandin medications listed in the chart above for new starts* in the following stepped approach.1

*New start is defined as no previous paid claim for the requested medication within the past 130 days

Step 1: Step 1 medications will be covered without prior authorization.

Step 2: Step 2 medications may be covered when **one** of the following criteria are met:

- There must be evidence of a BCBSMA paid claim by the patient of a step 1 medication within the previous 130 days.
OR
- There must be evidence of a BCBSMA paid claim by the patient of a step 2 medication within the previous 130 days.

We do not cover drugs listed in the above chart unless the above step therapy criteria are met.

Individual Consideration

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual's unique clinical circumstances may be considered in light of current scientific literature. Physicians may send relevant clinical information for individual patients for consideration to:

Blue Cross Blue Shield of Massachusetts
Pharmacy Operations Department
25 Technology Place
Hingham, MA 02043
Tel: 1-800-366-7778
Fax: 1-800-583-6289

Managed Care Authorization Instructions

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization for patients who do not meet the step-therapy criteria at the point of sale.
Pharmacy Operations: (800) 366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients who do not meet the step therapy criteria at the point of sale.
- Physicians may also submit requests for retail pharmacy exceptions via the web using Express PAtH which can be found on the BCBSMA provider portal or directly on the web at <https://provider.express-path.com>.

PPO and Indemnity Authorization Instructions

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization for patients who do not meet the step-therapy criteria at the point of sale.
Pharmacy Operations: (800) 366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients who do not meet the step therapy criteria at the point of sale.
- Physicians may also submit requests for retail pharmacy exceptions via the web using Express PAtH which can be found on the BCBSMA provider portal or directly on the web at <https://provider.express-path.com>.

Policy History

Date	Action
2/2019	Updated to add Xelpros™ to step 2.
6/2017	Updated address for Pharmacy Operations.
7/2015	Updated to add Bimatoprost to step 1.
1/2014	Updated ExpressPAtH Language and removed Blue Value.
9/2013	Updated to include Travoprost at step 1 and to include Rescula™ at step 2.

7/2012	Updated 7/2012 to include coverage criteria for new FDA approved medication Zioptan™.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
2/2012	Reviewed MPG Psychiatry and Ophthalmology, no changes in coverage were made.
1/1/2012	New policy describing covered and non-covered indications. Effective 1/1/2012.

References

1. Lumigan® [package insert]. Irvine, CA: Allergan, Inc.; 2010.
2. Travatan Z® [package insert]. Fort Worth, TX: Alcon Laboratories, Inc.; 2010.
3. Xalatan® [package insert]. Woodstock, IL: Catalent Pharma Solutions; 2011.
4. Rescula™ [package insert]. Bethesda, Md: Sucampo lab; November 2012.
5. Travoprost [package insert]. Woodcliff Lake, NJ: Parr Pharm; March 2013.
6. Xelpros™ [package insert]. Cranbury, NJ: Sun Pharmaceutical Industries, Inc; Sept 2018.

Endnotes

1. Based on the recommendations of the BCBSMA Pharmacy and Therapeutics Committee meeting on 9/13/2011.

To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below:

http://www.bluecrossma.com/common/en_US/medical_policies/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf