



Ophthalmic Prostaglandins Quantity Limit Program Summary

Quantity limits apply to Medicaid.

POLICY REVIEW CYCLE

Effective Date
10/1/2023

Date of Origin
4/1/2016

FDA APPROVED INDICATIONS AND DOSAGE

See package insert for FDA prescribing information: <https://dailymed.nlm.nih.gov/dailymed/index.cfm>

CLINICAL RATIONALE

REFERENCES

POLICY AGENT SUMMARY QUANTITY LIMIT

| Target Brand Agent Name(s) | Target Generic Agent Name(s) | Strength | QL Amount | Dose Form | Day Supply | Duration | Addtl QL Info | Allowed Exceptions | Targeted NDCs When Exclusions Exist |
|----------------------------|--|-------------|-----------|------------|------------|----------|---------------|---|-------------------------------------|
| | Bimatoprost Ophth Soln 0.03% | 0.03 % | 2.5 | mLs | 30 | DAYS | | Wastage is significant but cannot be avoided. | |
| Lumigan | Bimatoprost Ophth Soln 0.01% | 0.01 % | 2.5 | mLs | 30 | DAYS | | Wastage is significant but cannot be avoided. | |
| Travatan z | travoprost ophth soln | 0.004 % | 2.5 | mLs | 30 | DAYS | | Wastage is significant but cannot be avoided. | |
| Vyzulta | Latanoprostene Bunod Ophth Soln 0.024% | 0.024 % | 2.5 | mLs | 30 | DAYS | | Wastage is significant but cannot be avoided. | |
| Xalatan | Latanoprost Ophth Soln 0.005% | 0.005 % | 2.5 | mLs | 30 | DAYS | | Wastage is significant but cannot be avoided. | |
| Xelpros | Latanoprost Ophth Emulsion 0.005% | 0.005 % | 2.5 | mLs | 30 | DAYS | | Wastage is significant but cannot be avoided. | |
| Zioptan | tafluprost preservative free (pf) ophth soln | 0.015 MG/ML | 30 | Containers | 30 | DAYS | | Wastage is significant but cannot be avoided. | |

CLIENT SUMMARY – QUANTITY LIMITS

| Target Brand Agent Name(s) | Target Generic Agent Name(s) | Strength | Client Formulary |
|----------------------------|------------------------------|----------|------------------|
| | Bimatoprost Ophth Soln 0.03% | 0.03 % | Medicaid |

| Target Brand Agent Name(s) | Target Generic Agent Name(s) | Strength | Client Formulary |
|----------------------------|--|-------------|------------------|
| Lumigan | Bimatoprost Ophth Soln 0.01% | 0.01 % | Medicaid |
| Travatan z | travoprost ophth soln | 0.004 % | Medicaid |
| Vyzulta | Latanoprostene Bunod Ophth Soln 0.024% | 0.024 % | Medicaid |
| Xalatan | Latanoprost Ophth Soln 0.005% | 0.005 % | Medicaid |
| Xelpros | Latanoprost Ophth Emulsion 0.005% | 0.005 % | Medicaid |
| Zioptan | tafluprost preservative free (pf) ophth soln | 0.015 MG/ML | Medicaid |

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

| Module | Clinical Criteria for Approval |
|--------|---|
| QL | <p>Quantity limit for the Target Agent(s) will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> 1. The requested quantity (dose) does NOT exceed the program quantity limit OR 2. The requested quantity (dose) is greater than the program quantity limit AND BOTH of the following: <ol style="list-style-type: none"> A. The requested quantity (dose) is greater than the maximum FDA labeled dose for the requested indication AND B. Information has been provided to support therapy with a higher dose for the requested indication <p>Length of approval: 12 months</p> |