

Ophthalmic Prostaglandins Quantity Limit Program Summary

Quantity limits apply to FlexRx Closed, FlexRx Open, FocusRx, GenRx Closed, GenRx Open, Health Insurance Marketplace, and KeyRx.

POLICY REVIEW CYCLE

Effective Date 1/1/2024

Date of Origin 1/1/2008

FDA APPROVED INDICATIONS AND DOSAGE

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

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strengt h	QL Amount	Dose Form	Day Supply	Duratio n	Addtl QL Info	Allowed Exceptions	Targete d NDCs When Exclusi ons Exist
	Bimatoprost Ophth Soln 0.03%	0.03 %	2.5	mLs	30	DAYS		Wastage is significant but cannot be avoided.	
Iyuzeh	latanoprost (pf) ophth soln	0.005 %	30	Contain ers	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 %	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 %	2.5	mLs	30	DAYS		Wastage is significant but cannot be avoided.	
Zioptan	tafluprost preservative free (pf) ophth soln	0.015 MG/ML	30	Contain ers	30	DAYS		Wastage is significant but cannot be avoided.	

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
	Bimatoprost Ophth Soln 0.03%	0.03 %	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Iyuzeh	latanoprost (pf) ophth soln	0.005 %	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Lumigan	Bimatoprost Ophth Soln 0.01%	0.01 %	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Travatan z	travoprost ophth soln	0.004 %	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Vyzulta	latanoprostene bunod ophth soln	0.024 %	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Xalatan	Latanoprost Ophth Soln 0.005%	0.005 %	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Xelpros	latanoprost ophth emulsion	0.005 %	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx
Zioptan	tafluprost preservative free (pf) ophth soln	0.015 MG/ML	FlexRx Closed ; FlexRx Open ; FocusRx ; GenRx Closed ; GenRx Open ; Health Insurance Marketplace/BasicRx ; KeyRx

CLIENT SUMMARY – QUANTITY LIMITS

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
QL	Quantity limit for the Target Agent(s) will be approved when ONE of the following is met:
	 The requested quantity (dose) does NOT exceed the program quantity limit OR The requested quantity (dose) is greater than the program quantity limit AND BOTH of the following: 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
	Length of approval: 12 months