Rho Kinase Inhibitor Quantity Limit Program Summary

This program applies to FlexRx Closed, FlexRx Open, FocusRx, GenRx Closed, GenRx Open, Health Insurance Marketplace, and KeyRx formularies.

POLICY REVIEW CYCLE

Effective Date	Date of Origin
11/1/2023	1/1/2022

FDA APPROVED INDICATIONS AND DOSAGE

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

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
Rhopressa	Netarsudil Dimesylate Ophth Soln 0.02%	0.02 %	2.5	mLs	30	DAYS			
Rocklatan	Netarsudil Dimesylate-Latanoprost Ophth Soln 0.02-0.005%	0.02-0.005 %	2.5	mLs	30	DAYS			

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Rhopressa	Netarsudil Dimesylate Ophth Soln 0.02%	0.02 %	
Rocklatan	Netarsudil Dimesylate-Latanoprost Ophth Soln 0.02-0.005%	0.02-0.005 %	

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: 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: 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