Preferred Step Therapy
Ophthalmic – Glaucoma –Alpha-Adrenergic Agonists

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Related Coverage Resources

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer’s particular benefit plan document (Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document) may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer’s benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer’s benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

NPF Coverage Policy

Drugs Affected
- Alphagan® P (brimonidine tartrate 0.1% and 0.15% ophthalmic solution – generics [0.15% only])
- Brimonidine tartrate 0.2% ophthalmic solution (generics only)
- Iopidine® (apraclonidine 0.5% and 1% ophthalmic solution – generics [0.5% only])

This program has been developed to encourage the use of a Step 1 drug prior to the use of a Step 2 drug. If the Preferred Step Therapy rule is not met for a Step 2 drug at the point of service, coverage will be determined by the Preferred Step Therapy criteria below. All approvals are provided for 1 year in duration.

Step 1: generic apraclonidine 0.5% ophthalmic solution, generic brimonidine tartrate 0.15% ophthalmic solution,
generic brimonidine tartrate 0.2% ophthalmic solution, Alphagan P 0.1%

Step 2: Alphagan P 0.15%, Iopidine 0.5%, Iopidine 1%
Cigna covers Step 2 agents as medically necessary when the following criteria are met:

1. If the individual has tried one Step 1 drug, authorization for a Step 2 drug may be given.

2. Authorization may be given for Iopidine 1% in an individual undergoing argon laser trabeculoplasty, argon laser iridotomy or Nd:YAG posterior capsulotomy.

Conditions Not Covered

Any other exception is considered not medically necessary.

Background

Overview
Alphagan P 0.1%, brimonidine 0.15% ophthalmic solution, and brimonidine 0.2% ophthalmic solution are indicated for the reduction of elevated intraocular pressure (IOP) in individuals with open-angle glaucoma or ocular hypertension.1,2 Apraclonidine 0.5% ophthalmic solution is indicated as short-term adjunctive therapy in individuals on maximally tolerated medical therapy who require additional IOP reduction.3 Individuals on maximally tolerated medical therapy who are treated with apraclonidine 0.5% ophthalmic solution to delay surgery should have frequent follow-up examinations and treatment should be discontinued if the IOP rises significantly. Iopidine 1% is indicated to control or prevent postsurgical elevations in IOP that occur in individuals after argon laser trabecuoplasty, argon laser iridotomy or Nd:YAG posterior capsulotomy.4

Alphagan P contains the preservative Purite® 0.005%.1 Brimonidine 0.2% ophthalmic solution contains the preservative benzalkonium chloride 0.005%.2 Iopidine 1% and apraclonidine 0.5% ophthalmic solution contain the preservative benzalkonium chloride 0.01%.3,4

The recommended dose of Alphagan P and brimonidine ophthalmic solution is one drop in the affected eye(s) three times daily (TID), approximately 8 hours apart.1,2 Apraclonidine 0.5% ophthalmic solution is dosed as one to two drops in the affected eye(s) TID.3 One drop of Iopidine 1% ophthalmic solution should be instilled in the scheduled operative eye 1 hour before initiating anterior segment laser surgery and a second drop should be instilled to the same eye immediately upon completion of the laser surgical procedure.4

References

1. Alphagan P® 0.1% and 0.15% ophthalmic solution [prescribing information]. Irvine, CA: Allergan, Inc.; September 2013.
2. Brimonidine 0.2% ophthalmic solution [prescribing information]. Lake Forest, IL: Akorn; October 2016.
3. Iopidine® 0.5% ophthalmic solution [prescribing information]. Fort Worth, TX: Alcon Laboratories, Inc.; June 2018.

Last Revision Details

| Annual revision | No criteria changes | 09/16/2020 |

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