



## STEP THERAPY POLICY

- POLICY:** Ophthalmic – Glaucoma – Combination Products Step Therapy Policy
- Combigan® (brimonidine tartrate 0.2%/timolol maleate 0.5% ophthalmic solution – Allergan, generic)
  - Cosopt® (dorzolamide hydrochloride 2%/timolol maleate 0.5% ophthalmic solution – Akorn, generic)
  - Cosopt® PF (dorzolamide hydrochloride 2%/timolol maleate 0.5% ophthalmic solution – Akorn, generic)

**REVIEW DATE:** 10/04/2023

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### **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.

## **CIGNA NATIONAL FORMULARY COVERAGE:**

### **OVERVIEW**

Combigan, a combination product containing brimonidine and timolol, is indicated for the reduction of **elevated intraocular pressure (IOP)** in patients with glaucoma or ocular hypertension who require adjunctive or replacement therapy due to inadequately controlled IOP.<sup>1</sup> Combigan is preserved with benzalkonium chloride. Both Cosopt and Cosopt PF contain dorzolamide and timolol and are indicated for the reduction of **elevated IOP** in patients with open-angle glaucoma or ocular hypertension who are insufficiently responsive to beta-blockers (failed to achieve target IOP determined after multiple measurements over time).<sup>2,3</sup> These two products contain the same ingredients in the same concentrations; the only difference is that Cosopt is preserved with benzalkonium chloride and Cosopt PF does not contain a preservative.

## POLICY STATEMENT

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

**Ophthalmic – Glaucoma – Combination Products product(s) is(are) covered as medically necessary when the following step therapy criteria is(are) met. Any other exception is considered not medically necessary.**

**Step 1:** generic brimonidine 0.2%/ timolol maleate 0.5% ophthalmic solution (generic Combigan), generic dorzolamide 2%/timolol maleate 0.5% ophthalmic solution (generic Cosopt), generic dorzolamide 2%/ timolol maleate 0.5% ophthalmic solution (generic Cosopt PF)

**Step 2:** Combigan, Cosopt, Cosopt PF

## CRITERIA

1. If the patient has tried one Step 1 Product, approve a Step 2 Product.

## REFERENCES

1. Combigan® ophthalmic solution [prescribing information]. Irvine, CA: Allergan.; October 2015.
2. Cosopt® ophthalmic solution [prescribing information]. Lake Forest, IL: Akorn; December 2020.
3. Cosopt® PF ophthalmic solution [prescribing information]. Lake Forest, IL; Akorn, June 2017.

## HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	09/28/2022
Annual Revision	No criteria changes.	10/04/2023

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