



**Drug Name:** Travoprost 0.004% ophthalmic solution

**Reviewed:** 4/2020, 2/2021, 2/2022

<b>Required Medical Information:</b>	The member has trialed and experienced an inadequate treatment response or intolerance to formulary latanoprost 0.005% ophthalmic solution
<b>Quantity Limit:</b>	0.1 ml per day
<b>Coverage Duration:</b>	12 months
<b>Coding Logic for Step Therapy:</b>	Travoprost 0.004% ophthalmic solution will pay if there is at least one paid claim within the last 365 days of formulary latanoprost 0.005% ophthalmic solution