



Drug Name: Travoprost 0.004% & Tafluprost 0.0015% ophthalmic solution

Reviewed: 4/2020, 2/2021, 2/2022, 3/2023

Required Medical Information:	The member has trialed and experienced an inadequate treatment response or intolerance to formulary latanoprost 0.005% ophthalmic solution
Quantity Limit:	Travoprost 0.004%: 0.1 ml per day Tafluprost 0.0015%: 1 unit per day
Coverage Duration:	12 months
Coding Logic for Step Therapy:	Travoprost 0.004% or tafluprost 0.0015% ophthalmic solution will pay if there is at least one paid claim within the last 365 days of formulary latanoprost 0.005% ophthalmic solution

Investigational use: Neighborhood does not provide coverage for drugs when used for investigational purposes. All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use.