

## 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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### 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.

**Automation:** A patient with a of one Step 1 Product within the 130-day look-back period is excluded from Step Therapy.

**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.
2. No other exceptions are recommended.

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**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.