

RHOPRESSA (netarsudil)

Diagnosis Considered for Coverage:

- Open angle glaucoma or ocular hypertension

Coverage Criteria:

For diagnosis listed above:

- Inadequate response or intolerable side effect to one prostaglandin agent and another agent in a different class OR contraindication to all preferred ophthalmic glaucoma agents.

Coverage Duration: one year

Effective Date: 11/29/2023