

ROCKLATAN (netarsudil/latanoprost)

Diagnosis Considered for Coverage:

- Open angle glaucoma or ocular hypertension

Coverage Criteria:

For diagnosis listed above:

- Inadequate response with latanoprost 0.005% eye drop (Xalatan), AND inadequate response or intolerable side effect to one other preferred ophthalmic glaucoma agent, **and**
- Dose does not exceed FDA label maximum.

Coverage Duration: one year

Effective Date: 11/29/2023