

PHARMACY COVERAGE GUIDELINE

RHOPRESSA® (netarsudil dimesylate) ophthalmic solution Generic Equivalent (if available)

This Pharmacy Coverage Guideline (PCG):

- Provides information about the reasons, basis, and information sources we use for coverage decisions
- Is not an opinion that a drug (collectively “Service”) is clinically appropriate or inappropriate for a patient
- Is not a substitute for a provider’s judgment (Provider and patient are responsible for all decisions about appropriateness of care)
- Is subject to all provisions e.g. (benefit coverage, limits, and exclusions) in the member’s benefit plan; and
- Is subject to change as new information becomes available.

Scope

- This PCG applies to Commercial and/or Marketplace plans
- This PCG does not apply to the Federal Employee Program, Medicare Advantage, Medicaid or members of out-of-state Blue Cross and/or Blue Shield Plans

Instructions & Guidance

- To determine whether a member is eligible for the Service, read the entire PCG.
- This PCG is used for FDA approved indications including, but not limited to, a diagnosis and/or treatment with dosing, frequency, and duration.
- Use of a drug outside the FDA approved guidelines, refer to the appropriate Off-Label Use policy.
- The “Criteria” section outlines the factors and information we use to decide if the Service is medically necessary as defined in the Member’s benefit plan.
- The “Description” section describes the Service.
- The “Definition” section defines certain words, terms or items within the policy and may include tables and charts.
- The “Resources” section lists the information and materials we considered in developing this PCG
- **We do not accept patient use of samples as evidence of an initial course of treatment, justification for continuation of therapy, or evidence of adequate trial and failure.**
- Information about medications that require prior authorization is available at www.azblue.com/pharmacy. You must fully complete the [request form](#) and provide chart notes, lab workup and any other supporting documentation. The prescribing provider must sign the form. Fax the form to BCBSAZ Pharmacy Management at (602) 864-3126 or email it to Pharmacyprecert@azblue.com.

Medical Necessity Requirements for RHOPRESSA (netarsudil dimesylate)

Criteria for Initial Therapy:

Prescriber Qualifications

- Prescribed by an ophthalmologist or optometrist, or in consultation with one

Indication

- Diagnosis of elevated intraocular pressure
 - Open-angle glaucoma (optic neuropathy with atrophy of optic nerve head)
 - Ocular hypertension (no optic nerve damage)

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Age Requirement

- 18 years or older

Baseline Clinical Evaluation

- Confirmed diagnosis of elevated intraocular pressure

Alternative Therapies

- Failure, contraindication, intolerance to **BOTH** of the following:
 - **TWO** ophthalmic prostaglandin analogs (bimatoprost, latanoprost, latanoprostene bunod, tafluprost, travoprost)
 - **TWO** ophthalmic beta-blockers (levobunolol, betaxolol hydrochloride, timolol, etc.)

Brand Specific Criteria

- Have failure, contraindication or intolerance with **THREE** generic equivalents (when available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

Documentation Requirements

- A completed request form must be submitted, including:
 - Chart notes
 - Lab results
 - Supporting clinical documentation

Initial Therapy Criteria Approval Duration

- 6 months OR end of plan year
-

Criteria for Continuation of Therapy (renewal therapy)

Note: Manufacturer assistance (e.g., coupons, samples, etc.) are not considered for continuation of therapy

Prescriber Qualification

- Continues to be seen by a physician specializing in or is in consultation with an ophthalmologist or optometrist

Clinical Response

- Achieved and maintains at least a 25% reduction in intraocular pressure

Adherence

- Adherence to the prescribed therapy regimen has been documented

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Brand Specific Criteria

- Have failure, contraindication or intolerance with **THREE** generic equivalents (when available) for at least three months each. **Note:** Any failure, contraindication, or intolerance to the generic drugs should be reported to the FDA (see Definitions section)

Documentation Requirements

- Chart notes
- Supporting clinical documentation with evidence of improvement in given indication
- Lab values that confirm safe use from above criteria

Continuation Therapy Criteria Approval Duration

- 12 months OR end of plan year
-

Criteria for Off-Label Use Requests:

Criteria for a request for non-FDA use or indication, treatment with dosing, frequency, or duration outside the FDA-approved dosing, frequency, and duration, refer to one of the following Pharmacy Coverage Guideline:

1. Off-Label Use of Non-Cancer Medications
 2. Off-Label Use of Cancer Medications
-

Description:

Rhopressa (netarsudil demethylase) is a Rho kinase inhibitor indicated for the reduction of elevated intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension. Rhopressa (netarsudil demethylase) is believed to reduce IOP by increasing the outflow of aqueous humor through the trabecular meshwork route, however the exact mechanism is unknown.

Glaucoma is a general term used for a group of eye diseases characterized by IOP. However, glaucoma should be referred to as an optic neuropathy rather than a disease of high IOP. Optic nerve damage results in a progressive loss of retinal ganglion cell axons, manifested initially as visual field loss and, ultimately, irreversible blindness if left untreated.

There are three types of glaucoma: open-angle glaucoma, angle-closure glaucoma, and developmental glaucoma. Glaucoma can also be referred as acute, subacute, and chronic.

Open-angle glaucoma is characterized initially by progressive peripheral field loss, followed by central field loss. It is usually but not always seen with increases in IOP. Elevated IOP alone does not establish the diagnosis of open-angle glaucoma. Normal-tension glaucoma is a form of open-angle glaucoma with a presenting IOP in the normal range. Normal-tension glaucoma is also referred to as normal or low-pressure glaucoma. Glaucoma is diagnosed in patients with characteristic nerve damage on fundus examination and visual field testing.

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Evidence for optic nerve damage is from either or both of the following: optic disc or retinal nerve fiber layer structural abnormalities (e.g., thinning, cupping, or notching of the disc rim, progressive change, nerve fiber layer defects); reliable and reproducible visual field abnormalities (e.g., arcuate defect, nasal step paracentral scotoma, generalized depression) in the absence of other causes or explanations for a field defect.

IOP is thought to be due to increased aqueous humor production and/or reduced outflow of aqueous humor. Lowering IOP has been shown to reduce the risk of progression of visual field loss and/or optic disc changes and is the primary goal of therapy. There is no clear consensus regarding a threshold IOP for the initiation of open-angle glaucoma treatment. There is also no standard guideline for an optimal IOP. If there is evidence of nerve damage occurring despite reaching a specified target IOP value, the IOP must be reduced further. Dose or use of other additional medications should be adjusted based on follow-up visual fields and evaluation for cup progression. Also, patients with more advanced disc damage and field loss need lower target IOP. Data from Early Manifest Glaucoma Trial (EMGT) and the Collaborative Initial Glaucoma Treatment Study (CIGTS) have suggested a target IOP of $\geq 25\text{-}30\%$ below initial IOP

Topical prostaglandins are considered first-line therapy for open-angle glaucoma. Use of combination therapy with other agents from different classes can result in greater reductions in IOP. Pharmacotherapy for glaucoma often requires multiple medications. Topical medications work either by increasing aqueous outflow or by decreasing aqueous production.

Definitions:

U.S. Food and Drug Administration (FDA) MedWatch Forms for FDA Safety Reporting
[MedWatch Forms for FDA Safety Reporting | FDA](#)

Normal Intraocular Pressure (IOP): 8-21 mmHg

Ocular Hypertension:

- Abnormally high IOP with no evidence of glaucoma, that is, no field loss or abnormality of the optic nerve

Open-angle Glaucoma:

- Characteristic optic nerve (optic neuropathy) and progressive peripheral visual field loss followed by central visual field loss, with or without elevated IOP
- An elevated IOP alone does not establish the diagnosis of open-angle glaucoma

Agents that reduce IOP:

Agents for Glaucoma				
Drug	Strength	Duration	Decrease aqueous production	Increase aqueous outflow
Alpha-2 Adrenergic Agonists				
Iopidine (apraclonidine)	0.5-1%	7 to 12 h	√	NR
Alphagan (brimonidine)	0.1%, 0.15%, 0.2%	6 to 8 h	√	√
Beta-Blockers				
Betoptic-S (betaxolol)	0.25-0.5%	>12 h	√	NR

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Carteolol	1%	12 h	√	~
Betagan (levobunolol)	0.25-0.5%	24 h	√	~
Metipranolol	0.3%	24 h	√	~
Betimol, Istalol, Timoptic, Timoptic Ocusose, Timoptic XE (timolol)	0.25-0.5%	24 h	√	~
Carbonic Anhydrase Inhibitors				
Azopt (brinzolamide)	1%	≈ 8 h	√	NR
Trusopt (dorzolamide)	2%	8 to 12 h	√	NR
Docosanoid				
Rescula (unoprostone)	0.15%	12 h	NR	√
Miotics, Cholinesterase Inhibitors				
Phospholine Iodide (echothiophate)	0.125%	Days/wks	NR	√
Miotics, Direct-Acting				
Miostat (carbachol)	0.01%	4-8 h	NR	√
Isopto Carpine (pilocarpine)	1%, 2%, 4%	4-12 h	NR	√
Prostaglandin Analogues				
Lumigan (bimatoprost)	0.01-0.03%	24 h	NR	√
Xalatan, Xelpros (latanoprost)	0.005%	24 h	NR	√
Vyzulta (latanoprostene bunod)	0.024%	24 h	NR	√
Zioptin (tafluprost)	0.0015%	24 h	NR	√
Travatan Z (travoprost)	0.004%	24 h	NR	√
Rho Kinase Inhibitor				
Rhopressa (netarsudil)	0.02%	ND		√
Fixed Combinations				
Combigan (brimonidine-timolol)	0.2%/0.5%	24 h	√	√
Simbrinza (brinzolamide-brimonidine)	1%/0.2%	8 h	√	√
Cosopt, Cosopt PF (dorzolamide-timolol)	2%/0.5%	24 h	√	NR
Rocklatan (netarsudil-latanoprost)	0.02%/0.005%	24 h		√
~: possible activity; ND: no data; NR: no activity reported				

Resources:

Rhopressa (netarsudil) product information, revised by Alcon Laboratories, Inc. 09-2024. Available at DailyMed <http://dailymed.nlm.nih.gov>. Accessed February 18, 2025.

Jacobs DS. Open-angle glaucoma: Epidemiology, clinical presentation, and diagnosis. In: UpToDate, Gardiner MF, Li H (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Literature current through February 2025. Topic last updated October 16, 2024. Accessed March 08, 2025.

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Jacobs DS. Open-angle glaucoma: Treatment. In: UpToDate, Gardiner MF, Li H (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Literature current through February 2025 Topic last updated January 08, 2025. Accessed March 08, 2025.

Weizer JS. Angle-closure glaucoma: Treatment. In: UpToDate, Jacobs DS, Li H (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Literature current through February 2025. Topic last updated October 30, 2023. Accessed March 08, 2025.

Gedde SJ, Vinod K, Wright MW, et al. Primary open-angle glaucoma Preferred Practice Pattern® guidelines. The American Academy of Ophthalmology. 2020. Available at: <http://www.aao.org/guidelines-browse?filter=preferredpracticepatterns>. Accessed March 08, 2025.

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