

**2020 STEP THERAPY CRITERIA**

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## **Step Therapy Group – Rho Kinase Inhibitor ST - Rhopressa**

**Drug Name(s):**  
**RHOPRESSA**

### **Criteria:**

Criteria for approval require ONE of the following:

1. There is evidence of a claim that the patient is currently being treated with the requested agent within the past 90 days OR
2. Prescriber states the patient is currently using the requested agent OR
3. Patient's medication history includes previous use of a generic ophthalmic prostaglandin agent in the past 90 days OR
4. Patient has a documented intolerance, ineffective treatment response, FDA labeled contraindication, or hypersensitivity to a generic ophthalmic prostaglandin agent

Medications subject to step therapy will be covered when the above criteria are met.