



**Drug Name:** Travoprost 0.004% & Tafluprost 0.0015% ophthalmic solution

**Reviewed:** 4/2020, 2/2021, 2/2022, 3/2023, 3/2024, 4/2025

<b>Required Medical Information:</b>	The member has trialed and experienced an inadequate treatment response or intolerance to formulary latanoprost 0.005% ophthalmic solution
<b>Quantity Limit:</b>	0.1 ml per day
<b>Coverage Duration:</b>	12 months
<b>Coding Logic for Step Therapy:</b>	Travoprost 0.004% or tafluprost 0.0015% ophthalmic solution will pay if there is at least one paid claim within the last 365 days of formulary latanoprost 0.005% ophthalmic solution

Investigational use: Neighborhood does not provide coverage for drugs when used for investigational purposes. All therapies are considered investigational when used at a dose or for a condition other than those that are recognized as medically accepted indications as defined in any one of the following standard reference compendia: American Hospital Formulary Service Drug information (AHFS-DI), Thomson Micromedex DrugDex, Clinical Pharmacology, Wolters Kluwer Lexi-Drugs, or Peer-reviewed published medical literature indicating that sufficient evidence exists to support use.