

COMBIGAN (brimonidine/timolol)

Diagnosis Considered for Coverage:

- Open angle glaucoma or ocular hypertension

Coverage Criteria:

For diagnosis listed above:

- Inadequate response or intolerable side effect with either dorzolamide/timolol (Cosopt, Cosopt PF) or Simbrinza, **and**
- Dose does not exceed FDA approved dose.

Coverage Duration: Length of benefit

Effective: 1/01/2019GF