

bimatoprost 0.03% (LUMIGAN),  
travoprost (TRAVATAN Z)  
LUMIGAN 0.01% (bimatoprost),  
LUMIGAN 0.03% (bimatoprost),  
TRAVATAN Z (travoprost)

**Diagnosis Considered for Coverage:**

- Open angle glaucoma or ocular hypertension

**Coverage Criteria:**

**For diagnosis listed above:**

- Inadequate response or intolerable side effect with latanoprost (generic Xalatan), **and**
- Dose does not exceed FDA label maximum.

**For brand-name Lumigan, Travoprost-Z:**

- Meets above coverage criteria for generic, **and**
- Allergic or intolerable side effect to the generic formulation.

**Coverage Duration:** Length of benefit

Effective: 2/04/2020GF