

**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: one year

Effective Date: 11/29/2023