

US Family Health Plan  
 Prior Authorization Request Form for  
 netarsudil 0.02% ophthalmic solution (**Rhopressa**),  
 netarsudil/latanoprost ophthalmic solution (**Rocklatan**)

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) US Family Health Plan Pharmacy Program. US Family Health Plan is a TRICARE contractor for DoD.

The completed form may be **faxed** to **617-562-5296**

OR

The patient may attach the completed form to the prescription and **mail** it to:

**Attn: Pharmacy, 77 Warren St, Brighton, MA 02135**

QUESTIONS? **Call 1-877-880-7007**

**Step 1** Please complete patient and physician information (please print):

Patient Name: _____	Physician Name: _____
Address: _____	Address: _____
_____	_____
Sponsor ID #: _____	Phone #: _____
Date of Birth: _____	Secure Fax #: _____

**Step 2** Please complete the clinical assessment:

<b>1. Does the patient have a diagnosis of ocular hypertension or open-angle glaucoma?</b>	<input type="checkbox"/> Yes Proceed to question <b>2</b>	<input type="checkbox"/> No <b>STOP</b> Coverage not approved
<b>2. Is the prescription written by an ophthalmologist or an optometrist?</b>	<input type="checkbox"/> Yes Proceed to question <b>3</b>	<input type="checkbox"/> No <b>STOP</b> Coverage not approved
<b>3. Will the patient be using both Rhopressa and Rocklatan at the same time?</b>	<input type="checkbox"/> Yes <b>STOP</b> Coverage not approved	<input type="checkbox"/> No Proceed to question <b>4</b>
<b>4. Has the patient had a trial of appropriate duration with two different formulary options, from any of the following different glaucoma drug classes, in combination or separately: prostaglandin analogs (latanoprost or bimatoprost), beta blockers (Betoptic, Betoptic-S, Ocupress, Betagan, Optipranolol), alpha2-adrenergic agonists (brimonidine, apraclonidine), topical carbonic anhydrase inhibitors (dorzolamide (Trusopt)?</b>	<input type="checkbox"/> Yes Proceed to question <b>5</b>	<input type="checkbox"/> No <b>STOP</b> Coverage not approved

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<p>5. Has the patient reached intraocular pressure target goals using medications from standard therapy classes as defined by provider? (standard therapy classes include: prostaglandin analogs (latanoprost or bimatoprost), beta blockers (Betoptic, Betoptic-S, Ocupress, Betagan, Optipranolol), alpha2-adrenergic agonists (brimonidine, apraclonidine), topical carbonic anhydrase inhibitors (dorzolamide (Trusopt)).</p>	<p><input type="checkbox"/> Yes <b>STOP</b> Coverage not approved</p>	<p><input type="checkbox"/> No <b>Sign and date below</b></p>
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**Step** I certify the above is true to the best of my knowledge. Please sign and date:

**3**

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Prescriber Signature

Date

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[23 May 2019]