



Indian Health Service
Closed Class – Ophthalmic Prostaglandin Analogues
IHS National Pharmacy and Therapeutics Committee
Last Reviewed: February 2008



Background:

In February 2008, the IHS National Pharmacy and Therapeutics Committee (NPTC) reviewed the Ophthalmic Prostaglandin Analogue and voted to add the class to the IHS National Core Formulary (NCF). The committee concluded that there was no clinical advantage to using one product over another and that closing the class to one product was a viable option. In December 2008, the NPTC voted to specifically include travoprost on the NCF and to make this a closed class.

Clinical Review:

In 2003, the VA conducted a major conversion from Latanoprost to Travoprost, the results of which were published in 2008¹. The primary outcomes assessed were to measure intra-ocular pressure (IOP) from baseline to 6 months post conversion and to monitor for patient-related adverse events. The study concluded that a change in therapeutic regimen from latanoprost 0.005% to travoprost 0.004% maintained IOP control in stable patients and in some produced a further reduction in IOP. Travoprost was well tolerated with only one patient discontinuing travoprost due to irritation. To date, the VA continues to utilize travoprost as their primary Prostaglandin Analogue of choice.

In 2009, an IHS facility conducted a retrospective chart review of patients that had previously been on latanoprost and were converted to travoprost. Seventy-eight patients were included in the study (N=154 eyes). The primary outcome assessed was measurement of IOP from baseline and 3 months after conversion and patient reported adverse events. The mean baseline IOP for patients receiving mono-therapy with latanoprost was 14.9 (N= 90 eyes) and at 3 months post conversion was 14.4. Of the patients that were on other concomitant therapy (N= 64 eyes), the baseline mean IOP was 15.4 and 3 months post conversion was 15.1. Two of 78 patients discontinued travoprost and were converted back to latanoprost due to ocular irritation. No other adverse events were noted. These results were consistent with what was seen in the VA study noted above.

Cost Avoidance Potential:

With a strong collaborative effort from all I/T/U facilities and enhanced compliance of travoprost's closed class status on the IHS National Core Formulary, the IHS has the potential to realize a significant amount of cost avoidance annually.

If you have any questions regarding this document, please contact the NPTC at nptc1@ihs.gov.

References:

1. Farris EP. Efficacy and tolerability of a large scale change in regimen from latanoprost to travoprost in glaucoma patients at the Manhattan Veterans Administration Hospital. *Clin Ophthalmol* 2008; 2(2): 303