GLAUCOMA

Diagnosis

Closed angle

Start with β-blocker eye drops

Advanced and high-risk glaucoma
Review for surgery

Open angle

Contraindications?

Alternative first-line topical monotherapies:
α2-agonist, carbonic anhydrase inhibitor, prostaglandin analogue

Intolerance?

Decrease dose or switch to alternative first line agent

Inadequate response to combination first line agents?
Check adherence

Inadequate response to monotherapy?
Check adherence
Try combination therapy, using the first line agents

Intolerance?
Decrease dose or switch to alternative combination

Inadequate response to combination first line agents?
Check adherence

Poor response?
Check adherence
Increase dose if possible
Switch to alternative first line agent

Review for further medication or surgery
Glossary:
- β-blocker – Beta-receptor blocker
- α2-agonist – Alpha-2 receptor agonist

Applicable ICD 10 Coding:
- H40 Glaucoma
  - H40.0 Glaucoma suspect
  - H40.1 Primary open-angle glaucoma
  - H40.2 Primary angle-closure glaucoma
  - H40.3 Glaucoma secondary to eye trauma
  - H40.4 Glaucoma secondary to eye inflammation
  - H40.5 Glaucoma secondary to other eye disorders
  - H40.6 Glaucoma secondary to drugs
  - H40.8 Other glaucoma
  - H40.9 Glaucoma, unspecified
- Q15.0 Congenital glaucoma

Note:
1. Medical management reasonably necessary for the delivery of treatment described in this algorithm is included within this benefit, subject to the application of managed health care interventions by the relevant medical scheme.

2. To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must –
   a. not be inconsistent with this algorithm;
   b. be developed on the basis of evidence-based medicine, taking into account considerations of cost-effectiveness and affordability; and
   c. comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998

3. This algorithm may not necessarily always be clinically appropriate for the treatment of children. If this is the case, alternative paediatric clinical management is included within this benefit if it is supported by evidence-based medicine, taking into account considerations of cost-effectiveness and affordability.