

**Generic Name:** N/A

**Therapeutic Class or Brand Name:** Ophthalmic Immunomodulators

**Applicable Drugs (if Therapeutic Class):**

Restasis® (cyclosporine 0.05% ophthalmic emulsion), Cequa™ (cyclosporine 0.09% ophthalmic solution), Xiidra™ (lifitegrast 5% ophthalmic solution)

**GPI Code:** 867200200016, 867200200020, 867340500020.

**Preferred:** Restasis® (cyclosporine 0.05% ophthalmic emulsion)

**Non-preferred:** Cequa™ (cyclosporine 0.09% ophthalmic solution), Xiidra™ (lifitegrast 5% ophthalmic solution)

**Date of Origin:** 1/30/2021

**Date Last Reviewed / Revised:** 1/30/2021

## CRITERIA

(May be considered medically necessary when criteria I through III are met)

- I. Documented diagnosis of dry eye due to one of the following conditions A through E:
  - A. Superficial keratitis.
  - B. Punctate keratitis.
  - C. Keratoconjunctivitis sicca.
  - D. Sicca syndrome - Sjogren's disease.
  - E. Cornea replaced by transplant.
- II. Minimum age requirement:
  - A. Restasis: 16 years old.
  - B. Cequa: 18 years old.
  - C. Xiidra: 17 years old.
- III. Prescriber is one of the following specialists:
  - A. Ophthalmologist
  - B. Optometrist
  - C. Rheumatologist.

## EXCLUSION CRITERIA

- N/A

## OTHER CRITERIA

- N/A

## QUANTITY / DAYS SUPPLY RESTRICTIONS

- Restasis: up to 60 single-dose vials or one 5.5 mL multidose bottle per 30 days.
- Cequa: one 5.5 mL bottle per 30 days.
- Xiidra: up to 60 single-dose vials per 30 days.

## APPROVAL LENGTH

- **Authorization:** 1 year.
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective.

## APPENDIX

N/A

## REFERENCES

1. [http://www.allergan.com/assets/pdf/restasis\\_pi.pdf](http://www.allergan.com/assets/pdf/restasis_pi.pdf) .
2. <https://cequapro.com/pdf/CequaPI.pdf> .
3. <https://www.novartis.us/sites/www.novartis.us/files/xiidra.pdf> .
4. Medi-Span®.

**DISCLAIMER:** Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.