

CYCLOSPORINE OPHTHALMICS

Cequa, Vevye* (cyclosporine ophthalmic solution)

Restasis (cyclosporine ophthalmic emulsion)

Verkazia (cyclosporine ophthalmic emulsion)

*Prior authorization for the brand formulation applies only to formulary exceptions due to being a non-covered medication.

Pre - PA Allowance

None

Prior-Approval Requirements**Restasis, Cequa, and Vevye only**

Age 16 years of age and older for Restasis **ONLY**
 18 years of age and older for Cequa and Vevye **ONLY**

Diagnosis

Patient must have the following:

1. Chronic dry eye or decreased tear production
 - a. Ocular inflammation associated with keratoconjunctivitis sicca
 - b. Anti-inflammatory ophthalmic medications may be used concurrently for a short period (2-4 weeks) while transitioning to monotherapy with cyclosporine ophthalmic
 - c. **NO** dual therapy with another legend ophthalmic for the treatment of dry eyes (see Appendix 1)
 - d. **NO** dual therapy with another cyclosporine ophthalmic medication

Verkazia only

Age 4 years of age and older

Diagnosis

Patient must have the following:

1. Vernal keratoconjunctivitis (VKC)
 - a. Patient is symptomatic (e.g., itching, photophobia, or mucus discharge)
 - b. Inadequate treatment response, intolerance, or contraindication to artificial tears
 - c. Inadequate treatment response, intolerance, or contraindication to a topical mast cell stabilizer (such as cromolyn or Alomide) and/or a topical antihistamine (such as azelastine or ketotifen)
 - d. **NO** dual therapy with another cyclosporine ophthalmic medication

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Prior- Approval Limits

Medication	Quantity Limits
Restasis 0.05% single use vials	180 vials every 90 days
Restasis 0.05% multidose bottles	4 bottles (5.5 mL each) every 84 days

OR

Medication	Quantity Limits
Cequa 0.09% single use vials	180 vials every 90 days

OR

Medication	Quantity Limits
Verkazia single-dose vials	360 vials every 90 days

OR

Medication <u>with approved Formulary Exception</u> <u>only</u>	Quantity Limits
Vevye multidose bottles	3 bottles (2 mL each) every 90 days

Duration 12 months**Prior- Approval *Renewal* Requirements****Restasis, Cequa, and Vevye only**

Age 16 years of age and older for Restasis **ONLY**
18 years of age and older for Cequa and Vevye **ONLY**

Diagnosis

Patient must have the following:

1. Chronic dry eye or decreased tear production
 - a. Patient has had an improvement in symptoms
 - b. **NO** concurrent use of anti-inflammatory ophthalmic medications
 - c. **NO** dual therapy with another legend ophthalmic for the treatment of dry eyes (see Appendix 1)

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d. **NO** dual therapy with another cyclosporine ophthalmic medication

Verkazia only

Age 4 years of age and older

Diagnosis

Patient must have the following:

1. Vernal keratoconjunctivitis (VKC)
 - a. Patient has had an improvement in symptoms
 - b. **NO** dual therapy with another cyclosporine ophthalmic medication

Prior- Approval *Renewal* Limits

Same as above

Appendix 1 - List of Legend Ophthalmic Medications for Dry Eye

Generic Name	Brand Name
cyclosporine	Cequa
cyclosporine	Restasis
cyclosporine	Vevye
lifitegrast	Xiidra
loteprednol	Eysuvis
perfluorohexyloctane	Miebo
varenicline	Tyrvaya

*Verkazia is not approved for dry eye