MEDICAL NECESSITY CRITERIA

DRUG CLASS	MEDICAL NECESSITY CRITERIA
BRAND NAME (generic)	**QLOSI (pilocarpine hydrochloride ophthalmic solution)** **VUITY (pilocarpine hydrochloride ophthalmic solution)**
Status: CVS Caremark® Criteria	
Type: Medical Necessity Criteria	

POLICY

FDA-APPROVED INDICATIONS

Qlosi
Qlosi is indicated for the treatment of presbyopia in adults.

Vuity
Vuity is indicated for the treatment of presbyopia in adults.

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being prescribed for the treatment of presbyopia in an adult patient
  AND
  - The patient has NOT been receiving the requested drug for at least 14 days
    AND
    - The presbyopia impacts the patient's activities of daily living to the point where pharmacologic intervention is required. [Documentation is required for approval]

  OR
  - The patient has been receiving the requested drug for at least 14 days
    AND
    - The patient has demonstrated improvement from baseline presbyopia including gaining 3 lines or more in binocular distance corrected near visual acuity, without losing more than 1 line of corrected distance visual acuity. [Documentation is required for approval]

Quantity Limits apply.

QUANTITY LIMIT

Drug	1 Month Limit	3 Month Limit***
Qlosi 0.4% Ophthalmic Solution (pilocarpine hydrochloride ophthalmic solution)	60 single-patient use vials (12 pouches) / 25 days*	180 single-patient use vials (36 pouches) / 75 days*
Vuity 1.25% Ophthalmic Solution (pilocarpine hydrochloride ophthalmic solution)	5 mL / 19 days**	15 mL / 57 days**

**The duration of 25 days is used for a 30-day fill period and 75 days is used for a 90-day fill period to allow time for refill processing.*
***The duration of 19 days is used for a 25-day fill period and 57 days is used for a 75-day fill period to allow time for refill processing.*
****For new starts, the mail limit will be the same as the retail limit.* ***The intent is for prescriptions of the requested drug to be filled one fill at a time for new starts, even if filled at mail order; there should be no 3-month supplies filled for new starts.***

Duration of Approval (DOA):

- 5132-C: Initial therapy DOA: 2 months; Continuation of therapy DOA: 12 months

REFERENCES

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5. Jacobs DS, Afshari NA, Bishop RJ, et al. Refractive Errors Preferred Practice Pattern. *Ophthalmology*. 2023;130(3): P1-P60.
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