MEDICATION POLICY:

Ophthalmic Immunomodulators



Generic Name: N/A

Applicable Drugs: Cequa® (cyclosporine 0.09% ophthalmic solution), Eysuvis™ (loteprednol etabonate 0.25% ophthalmic suspension), Restasis®, Restasis MultiDose® (cyclosporine 0.05% ophthalmic emulsion), Xiidra™ (lifitegrast 5% ophthalmic solution), Verkazia® (cyclosporine 0.1% ophthalmic emulsion), Miebo (perfluorohexyloctane)

Preferred: cyclosporine 0.05% ophthalmic emulsion

Non-preferred: Cequa® (cyclosporine 0.09% ophthalmic solution), Eysuvis™ (loteprednol etabonate 0.25% ophthalmic suspension), Restasis®, Restasis MultiDose® (cyclosporine 0.05% ophthalmic emulsion), Xiidra™ (lifitegrast 5% ophthalmic solution), Verkazia® (cyclosporine 0.1% ophthalmic emulsion), Miebo (perfluorohexyloctane)

Date of Origin: 1/30/2021

Date Last Reviewed / Revised: 11/3/2023

PRIOR AUTHORIZATION CRITERIA

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

- I. Documented diagnosis of A or B and must meet ALL criteria under respective diagnosis.
 - A. Moderate to severe keratoconjunctivitis sicca (dry eye disease) and documentation of (i and ii):
 - i. Age:
 - 1. ≥ 18 years old: Cequa, Eysuvis, Miebo
 - 2. ≥ 16 years old: Restasis
 - 3. ≥ 17 years old: Xiidra
 - ii. Documented failure or contraindication to ALL (1 and 2) of the following:
 - 1. One OTC artificial tear product (e.g., Systane, Refresh, TheraTears, GenTeal etc.).
 - 2. Preferred cyclosporine 0.05% ophthalmic emulsion.
 - B. Vernal keratoconjunctivitis and documentation of i iv.
 - i. Age: ≥ 4 years old: Verkazia
 - ii. Documented failure of one or contraindication to all preferred topical dual antihistamine/mast cell stabilizers (e.g., bepotastine 1.5% ophthalmic solution, olopatadine 0.2% ophthalmic solution).
 - iii. Documented failure of one or contraindication to all OTC second-generation oral antihistamines (e.g., cetirizine, loratadine, fexofenadine)
 - iv. Documented failure with preferred cyclosporine 0.05% ophthalmic emulsion

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- II. Must be prescribed by an ophthalmologist, optometrist, or a rheumatologist.
- III. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.
- IV. Refer to plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have a documented failure or contraindication to a preferred product(s).

EXCLUSION CRITERIA

- Eysuvis
 - Viral diseases of the cornea and conjunctiva.
 - o Mycobacterial infections of the eye.
 - o Fungal diseases of ocular structures.

OTHER CRITERIA

N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Cequa: 60 single-use vials per 30 days.
- Eysuvis: one 8.3 mL bottle per 14 days.
- Restasis/Restasis MultiDose: 60 single-dose vials or one 5.5 mL multidose bottle per 30 days.
- Verkazia: 120 single-dose vials per 30 days.
- Xiidra: 60 single-dose vials per 30 days.
- Miebo: one 5 ml bottle per 30 days.

APPROVAL LENGTH

- Authorization: Eysuvis: 14 days. All other medications addressed in this policy: 1 year.
- Re-Authorization:
 - Eysuvis: documentation of stable intraocular pressure and examination of the patient with the aid of magnification (14 days).
 - All other medications addressed in this policy: An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective

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APPENDIX

N/A

REFERENCES

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- 2. Varu DM, Rhee MK, Akpek EK, et al.; American Academy of Ophthalmology Preferred Practice Pattern Cornea and External Disease Panel. Conjunctivitis Preferred Practice Pattern®. Ophthalmology. 2019;126(1): P94-P169. doi: 10.1016/j.ophtha.2018.10.020
- 3. Bielory L, Delgado L, Katelaris CH, Leonardi A, Rosario N, Vichyanoud P. ICON: Diagnosis and management of allergic conjunctivitis. *Ann Allergy Asthma Immunol*. 2020;124(2):118-134. doi: 10.1016/j.anai.2019.11.014
- 4. Cequa. Prescribing information. Sun Pharmaceutical Industries, Inc; 2022. Accessed November 11, 2022. https://cequapro.com/content/dam/cequaPro/CequaPl.pdf
- 5. Eysuvis. Prescribing information. Kala Pharmaceuticals, Inc; 2020. Accessed November 11, 2022. https://www.eysuvis-ecp.com/pdf/prescribing-information.pdf
- 6. Restasis. Prescribing information. Allergan; 2017. Accessed November 11, 2022. https://www.rxabbvie.com/pdf/restasis_pi.pdf
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- Miebo. Prescribing information. Bausch & Lomb. 2023. Accessed October 31, 2023. https://www.bausch.com/globalassets/pdf/packageinserts/pharma/miebo-package-insert.pdf

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.