

**Restasis (cyclosporine ophthalmic emulsion)**  
**Effective 04/01/2025**

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Medical Benefit</b> <b>Pharmacy Benefit</b>	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
<b>Exceptions</b>	N/A		

**Overview**

Restasis (cyclosporine ophthalmic emulsion) is a calcineurin inhibitor immunosuppressant indicated to increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca. Increased tear production was not seen in patients currently taking topical anti-inflammatory drugs or using punctal plugs.

**Coverage Guidelines**

Authorization may be granted for members who are new to the plan within the past 90 days currently receiving treatment with requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

**OR**

Authorization will be granted when all the following criteria has been met:

1. Requested drug is being prescribed for dry eye disease
2. Member has tried and failed or been intolerant to artificial tears products
3. Member meets **ONE** of the following:
  - a. Member will not be using ophthalmic anti-inflammatory drugs concurrently with the requested drug
  - b. Member meets **BOTH** of the following:
    - i. Member will be using ophthalmic anti-inflammatory drugs concurrently with the requested drug
    - ii. The ophthalmic anti-inflammatory drugs will be used concurrently for a short period (2 to 4 weeks) while transitioning to monotherapy with the requested drug

**Continuation of Therapy**

Requests for reauthorization will be approved when the following criteria are met:

1. Member demonstrates a positive response to therapy.

**Limitations**

1. Initial approvals and reauthorizations will be granted for 12 months.

**References**

1. Restasis (cyclosporine) [prescribing information]. North Chicago, IL: Abbvie; September 202.

2. Roberts CW, et al. Comparison of Topical Cyclosporine, Punctal Occlusion, and a Combination for the Treatment of Dry Eye. *Cornea* 2007; 26(7):805-809.

**Review History**

11/16/2022 – Reviewed and created for Nov P&T. Switched to custom. Separated out MH vs Comm/Exch. Effective 03/01/2023.

01/08/2025 – Reviewed and updated for January P&T. Removed documentation requirement from policy. Updated criteria to clarify the NSAID requirements. Effective 04/01/2025.

