Restasis (cyclosporine ophthalmic emulsion)
Effective 03/01/2023

Plan	☒ MassHealth ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit (NLX)		
Specialty Limitations			
Contact Information	**Specialty Medications**		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview
Restasis is a topical immunomodulator 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 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, and documentation has been submitted:

1. The requested drug is being prescribed for dry eye disease
2. Patient has tried and failed or been intolerant to artificial tears products
3. **ONE** of the following:
    a. Patient will not be using ophthalmic anti-inflammatory drugs concurrently with the requested drug
    b. Patient will be using ophthalmic anti-inflammatory drugs concurrently with the requested drug
4. 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
Reauthorization requires physician attestation that member demonstrates a positive response to therapy.

Limitations

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

References

1. Restasis [package insert]. Irvine, CA: Allergan, INC; June 2013.
2. AHFS DI (Adult and Pediatric) [database online]. Hudson, OH: Lexi-Comp, Inc.; http://online.lexi.com/lco/action/index/dataset/complete_ashp [available with subscription]. Accessed November 2016.
3. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed November 2016.
4. Preferred Practice Pattern. Dry Eyes Syndrome. American Academy of Ophthalmology. September 2013.
5. 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

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