

**GPI CODING:**

86720020001620

**DESCRIPTION:**

Restasis (cyclosporine ophthalmic emulsion) is 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. The purpose of this document is to provide approval criteria and guidelines for medical exceptions for Restasis prior to being a covered benefit. Claims submitted without obtaining prior authorization of benefits will reject on the pharmacy claim system.

**APPROVAL DURATION:**

Approval duration: 12 months

**CRITERIA FOR RESTASIS**

- I. The member has a diagnosis of keratoconjunctivitis sicca or chronic dry eyes AND
- II. The member does not have an active ocular infection AND
- III. The member is at least 16 years of age or older AND
- IV. The member has tried and failed punctal plugs AND
- V. The member has tried and failed at least two over-the-counter ocular lubricants (e.g., artificial tears, lubricant gels, etc.)

*Authorizations for continued use* shall be granted when the patient has experienced an improvement in condition as a result of using Restasis.