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CRX-ALL-0391-19

<table>
<thead>
<tr>
<th>Market</th>
<th>DC</th>
<th>FL &amp; MMA</th>
<th>FL LTC</th>
<th>GA</th>
<th>KY</th>
<th>MD</th>
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<th>NV</th>
<th>NY</th>
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<th>TX</th>
<th>WA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicable</td>
<td>X</td>
<td>X</td>
<td>NA</td>
<td>NA</td>
<td>X</td>
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</tbody>
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*FHK- Florida Healthy Kids

**cyclosporine ophthalmic**

<table>
<thead>
<tr>
<th>Override(s)</th>
<th>Approval Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Authorization Quantity Limit</td>
<td>1 year</td>
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<table>
<thead>
<tr>
<th>Medications</th>
<th>Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cequa (cyclosporine ophthalmic solution) 0.09%</td>
<td>May be subject to quantity limit</td>
</tr>
<tr>
<td>Restasis (cyclosporine ophthalmic emulsion) 0.05%</td>
<td>Commercial lines of business: N/A Medicaid lines of business: May be subject to quantity limit</td>
</tr>
</tbody>
</table>

**APPROVAL CRITERIA**

Requests for Cequa (cyclosporine ophthalmic solution) or Restasis (cyclosporine ophthalmic emulsion) may be approved if the following criteria are met:

I. Individual is 16 years of age or older for Restasis (cyclosporine ophthalmic emulsion) dose form (multi-dose bottle or single-dose vial) requests;
   OR
II. Individual is 18 years of age or older for Cequa (cyclosporine ophthalmic solution) requests;
   AND
III. Individual is using to treat moderate to severe dry eye disease (AAO 2018);
IV. Individual has an abnormal result or response to one or more of the following dry eye disease diagnostic/assessment methods (AAO 2018):
   A. Tear break-up time (less than 10 seconds);
   OR
   B. Ocular surface dye staining using fluorescein, rose bengal, or lissamine green dyes;
   OR
   C. Schirmer test (aqueous tear production of less than or equal to 10 mm of strip wetting in 5 minutes);
   OR
   D. Fluorescein clearance test/tear function index;
   OR
   E. Tear osmolarity (indicating tear film instability);
   OR
   F. Tear lactoferrin concentrations in the lacrimal gland (decreased);
   OR
Market Applicability

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G. Matrix metalloproteinase-9 (MMP-9) test;

AND

V. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response to one artificial tear agent (AAO, 2013);

AND

VI. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response or intolerance to Xiidra (lifitegrast ophthalmic solution);

OR

VII. Individual has a known hypersensitivity to any ingredient in Xiidra which is not also present in the requested non-preferred agent (Cequa or Restasis).

State Specific Mandates

<table>
<thead>
<tr>
<th>State name</th>
<th>Date effective</th>
<th>Mandate details (including specific bill if applicable)</th>
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</thead>
<tbody>
<tr>
<td>N/A</td>
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Key References:


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