



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name:	Cequa and Cyclosporine Ophthalmic Emulsion	Page:	1 of 2
Effective Date:	3/16/2023	Last Review Date:	2/2023
Applies to:	<input type="checkbox"/> Illinois <input checked="" type="checkbox"/> New Jersey <input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Florida <input checked="" type="checkbox"/> Maryland <input type="checkbox"/> Virginia	<input checked="" type="checkbox"/> Florida Kids <input type="checkbox"/> Michigan <input type="checkbox"/> Texas

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Cequa and Cyclosporine Ophthalmic Emulsion under the patient's prescription drug benefit.

Description:

Cequa ophthalmic solution is a calcineurin inhibitor immunosuppressant indicated to increase tear production in patients with keratoconjunctivitis sicca (dry eye).

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.

Applicable Drug List:

Formulary Drug: Cyclosporine Ophthalmic Emulsion Vial

Non-Formulary Drug: Cequa

Policy/Guideline:

The requested drug will be covered with prior authorization when the following criteria are met:

- The request is not for continuation of therapy
AND
- The requested drug is being prescribed for dry eye disease
AND
 - The patient has experienced an inadequate treatment response to an artificial tears product
OR
 - The patient has experienced an intolerance to an artificial tears product
OR
 - The patient has a contraindication that would prohibit a trial of an artificial tears product
AND
- For Cequa, the patient is unable to take cyclosporine ophthalmic emulsion vial for the given diagnosis due to a trial and inadequate treatment response or intolerance, or a contraindication.
OR
- The request is for continuation of therapy
AND



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- The requested drug is being prescribed for dry eye disease
AND
- The patient achieved or maintained improvement in their signs and symptoms of dry eye disease from baseline, (e.g., ocular irritation, redness, mucous discharge, reduced visual function, ocular surface damage, reduced tear production)

Quantity Limits apply

Approval Duration and Quantity Restrictions:

Approval: 12 months

Quantity Level Limit:

Cequa vials: 60 vials per month

Cyclosporine Ophthalmic Emulsion vial: 60 vials per month or 1 multi-dose bottle (5.5mL) per month

References:

1. Cequa [package insert]. Cranbury, NJ: Sun Pharmaceutical Industries, Inc.; January 2021.
2. Restasis [package insert]. Irvine, CA: Allergan, Inc; July 2017.
3. Restasis Multidose [package insert]. Irvine, CA: Allergan, Inc; October 2016.
4. Lexicomp Online, AHFS DI (Adult and Pediatric) Online, Hudson, Ohio: UpToDate, Inc.; 2021; Accessed Month Day, Year.
5. Micromedex (electronic version). IBM Watson Health, Greenwood Village, Colorado, USA. Available at: <https://www.micromedexsolutions.com>. Accessed Month Day, Year.
6. Preferred Practice Pattern. Dry Eye Syndrome. American Academy of Ophthalmology. November 2018.
7. Pharmacy Auditing and Dispensing Job Aid: Billing Other Dosage Forms. Centers for Medicare and Medicaid Services. December 2015.