| AETNA BETTER HEALTH®<br>Coverage Policy/Guideline | | | |
|---|---|---|---|
| Name: | Cequa and Cyclosporine Ophthalmic Emulsion | Page: | 1 of 2 |
| Effective Date: | 3/4/2024 | Last Review Date: | 01/2024 |
| Applies to: | ☐Illinois<br>☒New Jersey<br>☒Pennsylvania Kids | ☐Florida<br>☒Maryland<br>☐Virginia | ☐Michigan<br>☒Florida Kids<br>☐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**

- 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:

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4. Vevye [package insert]. Irvine, CA: Alliance Medical Products, Inc; June 2023.
5. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. https://online.lexi.com. Accessed September 29, 2023.
6. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 08/04/2023).
7. Akpek EK, Amescua G, Farid M, et al. Dry Eye Syndrome Preferred Practice Pattern. Ophthalmology. 2019;126(1):P286-P334.
8. Pharmacy Auditing and Dispensing Job Aid: Billing Other Dosage Forms. Centers for Medicare and Medicaid Services. December 2015