

cyclosporine ophthalmic (RESTASIS)

Diagnoses Considered for Coverage:

- Dry Eye Disease (DED)
- Xerophthalmia
- Keratoconjunctivitis Sicca

Coverage Criteria:

For diagnosis considered for coverage and request for cyclosporine 0.05% single use vials (generic Restasis):

- Intolerance or contraindication to brand Restasis not expected with generic cyclosporine 0.05%, **and**
- Dose does not exceed FDA label maximum (MADD).

Coverage Duration: one year

Effective Date: 09/27/2023