

pilocarpine hcl ophthalmic solution (Vuity)

Diagnoses Considered for Coverage:

- Presbyopia

Coverage Criteria:

For diagnosis listed above:

- Prescribed by or in consultation with an optometrist or ophthalmologist, **and**
- Medical rationale why patient cannot use corrective lenses (glasses, contact lenses), **and**
- Dose does not exceed 2.5 ml per 30 days.

Coverage Duration: one time

References:

1. Vuity [Prescribing Information]. AbbVie Company. North Chicago, IL. 2022.
2. Fricke T, Tahhan N, Resnikoff S, et al. Global Prevalence of Presbyopia and Vision Impairment from Uncorrected Presbyopia: Systematic Review, Meta-analysis, and Modelling. *Ophthalmology* 2018; 125:1492.
3. U.S. Department of Health and Human Services. (2020, September 8). Presbyopia. National Eye Institute. Retrieved December 21, 2021, from <https://www.nei.nih.gov/learn-about-eye-health/eye-conditions-and-diseases/presbyopia>

Effective Date: 5/31/2023