

cyclosporine (ophth) (Vevye®)

Commercial Pharmacy Benefit Drug Policy

Drug Details

USP Category: OPHTHALMIC AGENTS

Mechanism of Action: a calcineurin inhibitor, is a relatively selective immunomodulatory drug

Label Name	Quantity Limit
Vevye 0.1 % SOLUTION	2 mL/30 days

Condition(s) listed in policy *(see coverage criteria for details)*

- Dry eye disease

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the Health and Safety Code section 1367.21 must be met.

Special Instructions and pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

The following condition(s) require Prior Authorization/Preservice:

Dry eye disease

1. Inadequate response, or intolerable side effect to all preferred drugs for dry eye disease (e.g., Restasis and Xiidra), **AND**

Preferred Drugs
<ul style="list-style-type: none"> • Restasis • Xiidra

2. Dose does not exceed FDA approved maximum dose (QL).

Coverage Period:

one year

Additional Information

- Dry eye disease (DED) is a multifactorial disease of the tears and ocular surface that can result in ocular discomfort and visual impairment. DED is generally due to both decreased tear production and/or excessive evaporative loss.

References

1. Vevye (cyclosporine ophthalmic solution) 0.1% for topical ophthalmic use. Prescribing information. Harrow Eye, LLC. Nashville, TN. 9/2023

Review History

Date of Last Annual Review: 1Q2024
Date of last revision: 02/28/2024
Changes from previous policy version:
New policy

*Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee*