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Coverage Policy Number IP0026

Cyclosporine Ophthalmic Products

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Related Coverage Resources

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This policy supports medical necessity review for formulary exceptions to the following non-covered cyclosporine ophthalmic products:

- **Restasis®** (cyclosporine) 0.05% ophthalmic emulsion
- **Restasis Multidose®** (cyclosporine) 0.05% ophthalmic emulsion
- **Vevye™** (cyclosporine) 0.10% ophthalmic drops

Receipt of sample product does not satisfy any criteria requirements for coverage.

Medical Necessity Criteria

Coverage criteria are listed for products **in below table:**

Employer Group Non-Covered Products and Criteria

Non-Covered Product	Criteria

Restasis (cyclosporine topical emulsion) 0.05%	Documented trial of **cyclosporine topical emulsion** (the bioequivalent generic product) AND cannot take due to a formulation difference in the inactive ingredient(s) which would result in a significant allergy or serious adverse reaction
Restasis Multidose (cyclosporine topical emulsion) 0.05%	Documented inability to use generic cyclosporine 0.05% topical emulsion single use vials (for example, loss of hand dexterity and coordination)
Vevye (cyclosporine ophthalmic drops) 0.10%	Documentation of **TWO** of the following: 1. Documented failure or intolerance to generic cyclosporin topical emulsion 2. Documented failure, contraindication, or intolerance to Cequa 3. Documented failure, contraindication, or intolerance to Xiidra

Individual and Family Plans Non-Covered Products and Criteria:

Non-Covered Product	Criteria
Vevye (cyclosporine ophthalmic drops) 0.10%	Documented failure or intolerance to generic cyclosporin topical emulsion

When coverage is available and medically necessary, the dosage, frequency, duration of therapy, and site of care should be reasonable, clinically appropriate, and supported by evidence-based literature and adjusted based upon severity, alternative available treatments, and previous response to therapy.

Reauthorization Criteria

Continuation of cyclosporine ophthalmic products (Restasis, Restasis Multidose, Vevye) is considered medically necessary when the above medical necessity criteria are met AND there is documentation of beneficial response.

Authorization Duration

Initial approval duration is up to 12 months
Reauthorization approval duration is up to 12 months

Conditions Not Covered

Any other use is considered experimental, investigational or unproven, including the following (this list may not be all inclusive):

1. **Concomitant use Miebo (perfluorohexyloctane ophthalmic solution), Tyrvaya (varenicline nasal solution), or with Xiidra.** There are no data to support the concomitant use of ophthalmic cyclosporine products (Cequa, Restasis, or Vevye) and Miebo, Tyrvaya, or Xiidra.

2. **Concomitant use with Cyclosporine Products.** There is no evidence to support additive efficacy of combining Cequa, Restasis, and Vevye.

Background

OVERVIEW
Ophthalmic cyclosporine products are indicated for the treatment of signs and symptoms of dry eye disease.[1-4] Specifically, ophthalmic cyclosporine emulsion products are indicated to increase tear production in patients whose

tear production is presumed to be suppressed due to **ocular inflammation associated with keratoconjunctivitis sicca**.[1,2] Cequa is indicated to increase tear production in patients with keratoconjunctivitis sicca (dry eye).[3] Vevye is indicated for the treatment of the signs and symptoms of dry eye disease.[4]

Dry eye disease refers to a group of disorders of the tear film that are due to reduced tear production or tear instability and are associated with ocular discomfort and inflammatory disease of the ocular surface.[5] Dry eye disease is also known as dry eye syndrome and keratoconjunctivitis sicca.

The safety and efficacy of Restasis have not been established in pediatric patients < 16 years of age.[1,2] Although both Cequa and Vevye are approved for use in patients ≥ 18 years of age per product labeling, these products have the same chemical moiety as Restasis.[1-4]

Guidelines

The American Academy of Ophthalmology (AAO) published a Preferred Practice Pattern® guidelines (2018) for dry eye syndrome.[5] The AAO notes that dry eye disease may develop as a result of systemic inflammatory diseases (e.g., Sjögren syndrome, autoimmune thyroid disease, or rheumatoid arthritis) and ocular surface disease (e.g., herpes simplex virus keratitis). The AAO classifies dry eye as mild, moderate, or severe, based on signs and symptoms of the disease. Treatment recommendations of dry eye disease are listed in a four-step progression but specific therapies may be chosen from any category, regardless of the level of disease severity, depending on provider experience and patient preference. Topical non-glucocorticoid immunomodulatory drugs (such as cyclosporine) are staged as a Step 2 recommendation within the guidelines. The AAO recommends the use of topical cyclosporine as one of the treatment options for dry eye disease related to Sjögren syndrome.

The AAO Preferred Practice Pattern® guidelines for blepharitis (2018) note that blepharitis is a chronic ocular inflammation that may be associated with abnormalities with the Meibomian gland.[6] Treatment of blepharitis includes use of warm compresses, eyelid cleansing/eyelid massages, topical and/or systemic antibiotics, and ophthalmic anti-inflammatory agents (e.g., corticosteroids, cyclosporine).

The AAO Preferred Practice Pattern® guidelines for conjunctivitis (2018) note that dry eye and blepharitis are the most frequent causes of conjunctival inflammation.[7] Ophthalmic cyclosporine can be used to treat dry eye syndrome associated with GVHD and different types of conjunctivitis.

References

1. Restasis® ophthalmic emulsion 0.05% [prescribing information]. Irvine, CA: Allergan; July 2017.
2. Restasis Multidose™ ophthalmic emulsion 0.05% [prescribing information]. Irvine, CA: Allergan; July 2017.
3. Cequa™ ophthalmic solution [prescribing information]. Cranbury, NJ: Sun Pharmaceutical; October 2021.
4. Vevye™ ophthalmic solution, 0.1%. Irvine, CA: Novaliq; May 2023.
5. Akpek E, Amescua G, Farid M, et al. American Academy of Ophthalmology Preferred Practice Pattern Cornea and External Disease Panel. Dry Eye Syndrome Preferred Practice Pattern®. *Ophthalmology*. 2019 Jan;126(1):286-334.
6. Amescua G, Akpek EK, Farid M, et al. American Academy of Ophthalmology Preferred Practice Pattern Cornea and External Disease Panel. Blepharitis Preferred Practice Pattern®. *Ophthalmology*. 2019 Jan;126(1):P56-P93.
7. Varu DM, Rhee MK, Akpek EK, et al. American Academy of Ophthalmology Preferred Practice Pattern Cornea and External Disease Panel. Conjunctivitis Preferred Practice Pattern®. *Ophthalmology*. 2019 Jan;126(1):P94-P169.