



**GEORGIA MEDICAID FEE-FOR-SERVICE  
OPHTHALMICS, ANTIINFLAMMATORY IMMUNOMODULATORS PA SUMMARY**

Preferred	Non-Preferred
Restasis (cyclosporine emulsion 0.05%) Xiidra (lifitegrast solution 5%)	Cequa (cyclosporine solution 0.09%) Eysuvis (loteprednol suspension 0.25%) Miebo (perfluorohexyloctane solution) Restasis Multidose (cyclosporine emulsion 0.05%) Tyrvaya Nasal Spray (varenicline solution) Vevye (cyclosporine solution 0.1%)

**LENGTH OF AUTHORIZATION:** Varies

**NOTE:** Non-preferred medications must be prescribed by or in consultation with an ophthalmologist or optometrist.

**PA CRITERIA:**

Cequa and Vevye

- ❖ Approvable for members 18 years of age or older with a diagnosis of dry eye disease (keratoconjunctivitis sicca) who have tried an over-the-counter ophthalmic lubricating product and Restasis for at least 12 weeks and failed to achieve an adequate response as well as who have tried Xiidra for at least 12 weeks and failed to achieve an adequate response or have an allergy, contraindications, or intolerable side effect with Xiidra.

Eysuvis

- ❖ Approvable for members 18 years of age or older with a diagnosis of dry eye disease (keratoconjunctivitis sicca) who have tried an over-the-counter ophthalmic lubricating product, a preferred ophthalmic corticosteroid [loteprednol (Alrex, loteprednol 0.5% generic), fluorometholone (Flarex, fluorometholone 0.1% generic, FML Forte)] and Restasis for at least 12 weeks and failed to achieve an adequate response as well as who have tried Xiidra for at least 12 weeks and failed to achieve an adequate response or have allergies, contraindications or intolerable side effects with Restasis and Xiidra.

Miebo and Tyrvaya

- ❖ Approvable for members 18 years of age or older with a diagnosis of dry eye disease (keratoconjunctivitis sicca) who have tried an over-the-counter ophthalmic lubricating product as well as Restasis and Xiidra for at least 12 weeks each and failed to achieve an adequate response or prescriber must provide clinical rationale of why Restasis and Xiidra are not appropriate for the member.

Restasis Multidose

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, Restasis (single-dose formulation), is not appropriate for the member.

**EXCEPTIONS:**



- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

**PA AND APPEAL PROCESS:**

- For online access to the PA process, please go to [www.dch.georgia.gov/prior-authorization-process-and-criteria](http://www.dch.georgia.gov/prior-authorization-process-and-criteria) and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- For online access to the current Quantity Level Limits (QLL), please go to [www.mmis.georgia.gov/portal](http://www.mmis.georgia.gov/portal), highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.