



Drug Name: Restasis (cyclosporine ophthalmic emulsion) 0.05%

Reviewed: 11/2019

| | |
|---------------------------------------|--|
| Required Medical Information: | <ul style="list-style-type: none">• The member has trialed and experienced an inadequate treatment response or intolerance to formulary artificial tears |
| Quantity Limit | 30 unit doses/fill (may fill twice monthly) |
| Coverage Duration: | 12 months |
| Coding Logic for Step Therapy: | Restasis will pay if there is at least one paid claim within the last 365 days of formulary artificial tears or Restasis |