



Commercial/Healthcare Exchange PA Criteria
Effective: February 6th, 2019

Prior Authorization: Cequa

Products Affected: Cequa (cyclosporine) ophthalmic solution

Medication Description:

Cequa ophthalmic solution is a calcineurin inhibitor immunosuppressant indicated to increase tear production in patients with keratoconjunctivitis sicca (dry eye)¹.

Covered Uses: Cequa is indicated to increase tear production in patients with keratoconjunctivitis sicca (dry eye).

Exclusion Criteria: N/A

Required Medical Information:

1. Diagnosis
2. Previous therapies tried and failed

Age Restrictions: 18 years of age and older

Prescriber Restrictions: Prescribed by, or in consultation with, an optometrist or ophthalmologist.

Coverage Duration: 12 months

Other Criteria:

- A. Patient has a keratoconjunctivitis sicca (dry eye); AND
- B. Patient has had an adequate trial with both Xiidra ophthalmic solution AND Restasis or Restasis Multidose.

References:

1. Cequa [package insert]. Cranbury, NJ; Sun; August 2018.

Policy Revision history

| Rev # | Type of Change | Summary of Change | Sections Affected | Date |
|-------|----------------|-------------------|-------------------|------------|
| 1 | New Policy | New Policy | All | 02/04/2019 |

Last Res. February 4, 2019