

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Cyclosporine 0.0% ophthalmic solution (Restasis®)

Non-formulary **cyclosporine (Restasis®) 0.05% ophthalmic solution** will be covered on the prescription drug benefit when the following criteria are met:

- Prescriber is an Ophthalmologist, Optometrist, or Rheumatologist
- **AND** -
- Diagnosis of immune mediated dry eye through:
 - a. Point of care testing (MMP-9 Inflammadry) - OR -
 - b. Rheumatology diagnosis
- **AND** -
- In absence of immune mediated dry eye diagnosis, treatment failure with:
 - a. OTC eye drops - **AND** -
 - b. Punctal occlusion