



Drug Name: Restasis (cyclosporine ophthalmic emulsion) 0.05%

Effective date: 02/01/2020

Reviewed: 11/2019, 6/2020, 2/2021

Required Medical Information:	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