



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service  
Prior Authorization Criteria

**RESTASIS<sup>®</sup> (cyclosporine ophthalmic emulsion 0.05%)**  
**[Prior Authorization Request Form](#)**

Restasis is an ophthalmic immunomodulator approved to increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca.

**Prior authorization requests for Restasis will be approved for one (1) year if the following criteria are met:**

- 1.) Patient must be sixteen (16) years of age or older; **AND**
- 2.) Prior Authorization must be requested by an ophthalmologist or optometrist; **AND**
- 3.) Clinically diagnosed tear deficiency due to ocular inflammation in patients with keratoconjunctivitis sicca or dry eye syndrome (also known as dry eye); **AND**
- 4.) Patient must have a functioning lacrimal gland; **AND**
- 5.) Patient using artificial tears at least four (4) times a day over the last thirty (30) days;  
**AND**
- 5.) Patient must not have an active ocular infection

## References

Lexi-Comp drug monograph for Restasis (Nov. 10th, 2014)  
[www.Restasis.com](http://www.Restasis.com)  
Restasis package insert (rev 6/2013) Version 4 Reviewed and Approved by

Version 4 Reviewed and Approved by  
DUR Board 11/19/2014