



**Prior Authorization Approval Criteria**  
*Department of Pharmacy Services*

**Generic Name:** cyclosporine ophthalmic emulsion 0.05%

**Brand Name:** Restasis

**Medication Class:** immunomodulator, ophthalmic

**FDA Approved Uses:** Increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca.

**Usual Doses:** Instill one drop in each eye twice a day.

**Duration of Therapy:** 6 – 12 months

**Criteria for Use:** *(bullet points below are all inclusive unless otherwise noted)*

- Clinically diagnosed tear deficiency due to ocular inflammation in patients with keratoconjunctivitis sicca
- Patient must have a functioning lacrimal gland
- Must be prescribed by an ophthalmologist or optometrist.

**Contraindications:**

- Active ocular infections

Or

- Hypersensitivity to cyclosporine or any of its ingredients

**Not approved if:**

- Patient has any contraindications to the use of cyclosporine.
- Patient does not meet the above stated guidelines for approval.

P&T Approval: \_\_\_\_\_ Date: \_\_\_\_\_