MTF Formulary Management for Ophthalmic Immunomodulatory Agents
Cyclosporine 0.05% Ophthalmic Emulsion

Defense Health Agency Pharmacy Operations Division

Bottom Line

- **Restasis remains on the Uniform Formulary (UF), but was not added to the Basic Core Formulary (BCF).**
- **Restasis in the only FDA-approved prescription product indicated to increase tear production in patients with dry eye disease.**
- **Prior authorization applies to those patients that have not had a prescription for Restasis in the past 365 days (new users). See below.**
- **Over-the-counter (OTC) artificial tears are the most cost-effective treatment for dry eye disease, but are not part of the pharmacy benefit at the Retail Network or Mail Order.**

Uniform Formulary Decision: The Director, DHA, approved recommendations from the February 2016 DoD P&T Committee meeting on May 5, 2016, with an implementation date of August 10, 2016.

Uniform Formulary (UF) Ophthalmic Immunomodulatory Agents		Nonformulary Ophthalmic Immunomodulatory Agents
BCF drugs – MTFs must have on formulary	**MTFs may have on formulary**	**MTFs must not have on formulary**
None*	**cyclosporine 0.05% ophthalmic emulsion (Restasis)**	**None**
* Note that the BCF drugs for the Ophthalmic Anti-Inflammatory Agents – Ophthalmic Steroids subclass remain Pred Forte and Pred Mild.		

Background

- Restasis is the only pharmacologic treatment that is FDA-approved specifically for dry eye disease due to ocular inflammation associated with keratoconjunctivitis sicca (KCS).
- Restasis targets the underlying inflammatory process in dry eye disease, as it prevents T-cell activation and the expression of inflammatory markers in the conjunctiva.
- It is a disease-modifying therapy and not palliative.
- Currently, Restasis is the only drug in the Ophthalmic Immunomodulatory Agents Subclass. However, there are several drugs in the pipeline for dry eye disease, which will be reviewed for UF placement when they receive FDA approval.
- OTC ophthalmic wetting products (artificial tears), including carboxy- and hydroxypropyl-methylcellulose (Refresh, Celluvisc), polyvinyl alcohol (Hypotears), and high viscosity formulations (Systane, glycerin, and Refresh Endura), are commonly used for treating mild to moderate dry eye symptoms, and are more cost effective than Restasis.

Guidelines and Efficacy

- The American Academy of Ophthalmology in 2013 stated that cyclosporine is appropriate for use in patients who have moderate to severe dry eye disease.
    - Cost considerations and lack of long-term efficacy data are important factors in the decision to prescribe cyclosporine.
    - It is unclear whether the estimated benefit is observed in all patient subpopulations.
- Cyclosporine ophthalmic emulsion (Restasis) is effective in the treatment of moderate to severe dry eye disease, improving both objective and subjective measures.
- Objective measures included corneal fluorescein staining and Schirmer's test. For both of these objective endpoints, improvement was significantly greater in the cyclosporine group compared to the group using only the vehicle (placebo group).
- Improvements seen in the subjective measures, including blurred vision and use of artificial tears, demonstrated that the changes seen in the objective endpoints resulted in benefits that decreased patients' needs for palliative treatments.

Updated March 2016
Original Date: August 2010

- There are no head-to-head trials of Restasis with OTC artificial tears.

Safety

- There is a very low rate of treatment-related adverse events with Restasis; those that were seen were mild to moderate in nature and transient.
- The most common treatment-related adverse events are ocular burning and stinging.
- There were no significant topical or systemic adverse safety findings.

Prior Authorization

- Manual prior authorization applies to new users of Restasis, to ensure appropriate use consistent with the FDA-approved labeling.
- Patients who have received a prescription for Restasis in the past 365 days (current users) are not required to undergo the prior authorization process.
- Restasis will be approved for the following uses: diagnosis of KCS, with therapeutic failure of at least two artificial tears agents; ocular graft versus heart disease; corneal transplant rejection; or, documented corneal surface damage while using artificial tears.
- Restasis will not be approved for other off-label uses including: atopic keratoconjunctivitis; vernal keratoconjunctivitis; pterygia; blepharitis; ocular rosacea; LASIK-associated dry eye disease; or, contact lens intolerance.
- Prior authorization expires in one year. Breaks in therapy will require submittal of a new prior authorization form.

References

- DoD P&T Committee minutes: http://www.health.mil/PandT
- Current/future drug classes under review by the DoD P&T Committee: http://www.health.mil/About-MHS/Other-MHS-Organizations/DoD-Pharmacy-and-Therapeutics-Committee
- TRICARE Formulary Search Tool: http://www.health.mil/formulary
- Prior Authorization/Medical Necessity forms: See Formulary Search Tool above.
- Formulary Management Documents (including this one) available at: http://www.health.mil/DoDPTResources
- Point of contact for additional information: dha.jbsa.pharmacy.list.poduf@mail.mil

Ophthalmic Immunomodulatory Agents Price	
Drug & Dosage Form	**Weighted Avg cost per day (Feb 2016)**
Uniform Formulary	
Cyclosporine 0.05% Ophthalmic Emulsion (Restasis)	**Cost Effective**

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