

Pharmacy Policy Bulletin

Title: Pilocarpine (Vuity™)

Policy #: Rx.01.261

Application of pharmacy policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Some medications may be subject to precertification, age, quantity, or formulary restrictions (ie limits on non-preferred drugs). Individual member benefits must be verified.

This pharmacy policy document describes the status of pharmaceutical information and/or technology at the time the document was developed. Since that time, new information relating to drug efficacy, interactions, contraindications, dosage, administration routes, safety, or FDA approval may have changed. This Pharmacy Policy will be regularly updated as scientific and medical literature becomes available. This information may include new FDA-approved indications, withdrawals, or other FDA alerts. This type of information is relevant not only when considering whether this policy should be updated, but also when applying it to current requests for coverage.

Members are advised to use participating pharmacies in order to receive the highest level of benefits.

Intent:

The intent of this policy is to communicate the medical necessity criteria for **Pilocarpine (Vuity™)** as provided under the member's prescription drug benefit.

Description:

The normal eye creates a clear image by bending (refracting) light in order to focus it onto the retina. Refractive errors occur when a component of the eye's optical system fails to focus the optical image. Presbyopia ("aging sight") is a non-refractive error that also affects visual acuity. Presbyopia occurs when the lens loses its normal accommodating power and can no longer focus on objects viewed at arm's length or closer. Approximately 128 million adults in the United States are living with presbyopia. Presbyopia has traditionally been treated with corrective lenses or surgery.

Pilocarpine (Vuity™) is indicated for the treatment of presbyopia in adults.

Pilocarpine hydrochloride is a cholinergic muscarinic agonist which activates muscarinic receptors located at smooth muscles such as the iris sphincter muscle and ciliary muscle. Vuity contracts the iris sphincter muscle, constricting the pupil to improve near and intermediate visual acuity while maintaining some pupillary response to light. Vuity also contracts the ciliary muscle and may shift the eye to a more myopic state.

Policy:

INITIAL CRITERIA Pilocarpine (Vuity™) is approved when ALL of the following are met:

1. Diagnosis of presbyopia; and
2. Prescribed by or in consultation with ONE of the following:
 - a. Ophthalmologist; or
 - b. Optometrist; and
3. Member is unable to use corrective lenses (e.g., eyeglasses or contact lenses)

Initial authorization duration: 1 month

REAUTHORIZATION CRITERIA Pilocarpine (Vuity™) is re-approved when BOTH of the following are met:

1. Documentation of positive clinical response to therapy (e.g., improvement in near vision in low light conditions without loss of distance vision); and
2. Prescribed by or in consultation with one of the following:
 - a. Ophthalmologist; or
 - b. Optometrist

Reauthorization duration: 6 months

Black Box Warning as shown in the drug Prescribing Information:

N/A

Guidelines:

Refer to the specific manufacturer's prescribing information for administration and dosage details and any applicable Black Box warnings.

BENEFIT APPLICATION

Subject to the terms and conditions of the applicable benefit contract, the applicable drug(s) identified in this policy is (are) covered under the prescription drug benefits of the Company's products when the medical necessity criteria listed in this pharmacy policy are met. Any services that are experimental/investigational or cosmetic are benefit contract exclusions for all products of the Company.

References:

Visual impairment in adults: Refractive disorders and presbyopia. UpToDate. March 2022. Available at: https://www.uptodate.com/contents/visual-impairment-in-adults-refractive-disorders-and-presbyopia?search=presbyopia&source=search_result&selectedTitle=1~17&usage_type=default&display_rank=1. Accessed April 01, 2022.

Vuity (pilocarpine hydrochloride) [prescribing information]. North Chicago, IL: AbbVie Inc; October 2021. Available at: <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=8d806897-8a2a-4518-8c68-0ec3b778de50>. Accessed April 01, 2022.

Applicable Drugs:

Inclusion of a drug in this table does not imply coverage. Eligibility, benefits, limitations, exclusions, precertification/referral requirements, provider contracts, and Company policies apply.

Brand Name

Vuity™

Generic Name

Pilocarpine

Cross References:

Rx.01.33 Off Label Use

Policy Version Number:	1.00
P&T Approval Date:	March 17, 2022
Policy Effective Date:	July 01, 2022
Next Required Review Date:	March 17, 2023

The Policy Bulletins on this web site were developed to assist the Company in administering the provisions of the respective benefit programs, and do not constitute a contract. If you have coverage through the Company, please refer to your specific benefit program for the terms, conditions, limitations and exclusions of your coverage. Company does not provide health care services, medical advice or treatment, or guarantee the outcome or results of any medical services/treatments. The facility and professional providers are responsible for providing medical advice and treatment. Facility and professional providers are independent contractors and are not employees or agents of the Company. If you have a specific medical condition, please consult with your doctor. The Company reserves the right at any time to change or update its Policy Bulletins.

