Restasis (cyclosporine ophthalmic emulsion)

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Policy
BCBSKC will provide coverage for Restasis when it is determined to be medically necessary because the following criteria are met.

When Policy Topic is covered:
Coverage of Restasis is recommended in those who meet the following criteria:

Food and Drug Administration (FDA)-Approved Indication

1. Dry Eye Conditions due to Ocular Inflammation Associated with Keratoconjunctivitis Sicca (KCS). Approve.
   Restasis is indicated to increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with KCS.¹

Other Uses with Supportive Evidence

2. Dry Eye Conditions due to Systemic Inflammatory Diseases (e.g., Sjögren syndrome, rheumatoid arthritis [RA], systemic lupus erythematosus [SLE]). Approve.
   The AAO recommends the use of Restasis for Sjögren syndrome.³ The guidelines do not distinguish between primary or secondary Sjögren syndrome. Patients with primary Sjögren syndrome have nonclassifiable systemic disease, whereas patient with secondary Sjögren syndrome have a distinct autoimmune disease such as RA, SLE, or scleroderma. A 2010 systematic review of randomized controlled trials for the treatment of primary Sjögren syndrome found topical cyclosporine to be effective for moderate or severe dry eye symptoms.⁵

3. Dry Eye Conditions due to Ocular Surface Diseases (e.g., ocular rosacea, atopic keratoconjunctivitis, acute corneal graft rejection, blepharitis, herpetic stromal keratitis, conjunctival graft versus host disease [GVHD]). Approve.
   There are some efficacy data to support the off-label use of topical cyclosporine in the treatment of immune-mediated ocular surface diseases such as ocular rosacea and atopic keratoconjunctivitis.⁴,⁷,⁹ A recent review article noted that dosing of Restasis at a frequency greater than twice daily (BID) regimen may be beneficial for patients with severe dry eye disease such as ocular GVHD, if they do not initially respond to the BID regimen.⁸ Also, it has been suggested that initiation of topical cyclosporine prior to bone marrow transplantation may reduce inflammatory response in the lacrimal gland and could reduce dry eye symptoms post-transplant. The American Optometric Association guidelines (2010) note that since inflammation has been identified as a significant component of ocular surface disorders, it may seem logical that topical anti-inflammatory treatments (Restasis and others) are effective treatment options.⁸

When Policy Topic is not covered:
Coverage of Restasis is recommended in circumstances that are listed in the Recommended Authorization Criteria (FDA-Approved Indications and Other Uses with Supportive Evidence). The following provides rationale for specific Exclusions. This is not an exhaustive list of Exclusions:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

**Considerations**

Restasis requires prior authorization through the pharmacy services department.

This Blue Cross and Blue Shield of Kansas City policy Statement was developed using available resources such as, but not limited to: Hayes Medical Technology Directory, Food and Drug Administration (FDA) approvals, Facts and Comparisons, National specialty guidelines, Local medical policies of other health plans, Medicare (CMS), Local providers.

**Description of Procedure or Service**

Restasis is a topical emulsion which contains cyclosporine, an immunosuppressive agent when administered systemically. It also has anti-inflammatory effects with some evidence suggesting that it is a disease-modifying agent rather than being a merely palliative treatment for dry eye syndrome. Restasis is indicated to increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca (KCS). Increased tear production was not seen in patients currently taking topical anti-inflammatory drugs or using punctal plugs. Though its exact mechanism to alleviate ocular inflammation and to increase tear production is unknown, it is thought to act as a partial immunomodulator.

Dry eye syndrome is a common condition that causes varying degrees of discomfort and disability. The ocular surface and tear-secreting glands function together to maintain the tear supply and to clear used tears. Disease or dysfunction of this unit results in poorly maintained tear film that can cause ocular irritation symptoms and an inflammatory response on the ocular surface which can lead to the epithelial disease called KCS. Treatment of dry eye syndrome depends on the severity of symptoms. Tear replacement is usually unsuccessful on its own if other causative factors are not addressed.

**Rationale**

**Guidelines**

The American Academy of Ophthalmology (AAO) published Preferred Practice Pattern® (2011) for the treatment of dry eye syndrome. This document lists numerous other causes for dysfunction of the tear-secreting glands and dry eye syndrome apart from KCS. Some of the risk factors for dry eye syndrome include aging, decrease in supportive factors such as androgen hormones, ocular surface diseases (e.g., herpes simplex virus keratitis), surgeries that disrupt the trigeminal afferent sensory nerves (e.g., LASIK) or systemic inflammatory conditions such as rheumatoid arthritis (RA). It is thought that up to 20% of patients with RA have KCS. Also, other systemic or local conditions may cause dry eye symptoms. Some examples include: posterior blepharitis, primary and secondary Sjögren syndrome, systemic viral infections (e.g., human immunodeficiency virus [HIV], hepatitis C), ocular rosacea, and recipients of allogenic bone marrow or stem cell transplants with or without the development of graft-versus-host disease (GVHD). Other diseases such as ocular mucous membrane pemphigoid and Stevens-Johnson syndrome produce tear deficiency due to inflammation, scarring, and destruction of the conjunctival goblet cells.

The AAO recommendations for the treatment of dry eye syndrome are categorized based on disease severity: mild, moderate or severe. For mild dry eyes, education and environmental modifications, artificial tears and eyelid therapy are listed as some of the treatment options. For moderate dry eye syndrome, in addition to the above options, anti-inflammatory agents (e.g., Restasis, topical corticosteroids), systemic omega-3 fatty acids, punctal plugs, and other non-pharmacologic treatments (spectacle side shields and moisture chambers) are recommended. In addition to the above options,
some of the treatments for severe dry eyes may include mucolytic agents, systemic anti-inflammatory agents, and permanent punctal occlusion. The AAO recommends the use of Restasis as one of the treatment options for Sjögren syndrome.

The American Optometric Association published guidelines (2010) for the care of patients with ocular surface diseases. The guidelines note that since inflammation has been identified as a significant component of ocular surface disorders, it may seem logical that topical anti-inflammatory treatments (Restasis and others) are effective treatment options.

References:


Billing Coding/Physician Documentation Information
NA

Additional Policy Key Words
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Related Topics
N/A

Policy Implementation/Update Information
06/2014 New Policy titled Restasis (cyclosporine ophthalmic emulsion)

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