Dry Eye Disease Agents

Effective 01/09/2020
Revised N/A

<table>
<thead>
<tr>
<th>Preferred Agents</th>
<th>Non-Preferred Agents</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Restasis®</td>
<td>• Cequa™</td>
</tr>
<tr>
<td>• Xiidra™</td>
<td>• Restatis Multidose™</td>
</tr>
</tbody>
</table>

Approval Criteria

- Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents
  - Documented trial period for preferred agents OR
  - Documented ADE/ADR to preferred agents

Denial Criteria

- Lack of adequate trial on required preferred agents
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030