



Missouri Pharmacy Program – Preferred Drug List



Dry Eye Disease Agents

Effective 01/09/2020
Revised N/A

Preferred Agents

- Restasis®
- Xiidra™

Non-Preferred Agents

- Cequa™
- Restatis Multidose™

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