



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

PILOCARPINE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
PILOCARPINE HCL	VUITY		51425	GPI-14 (86501030102017)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of presbyopia and meet **ALL** of the following criteria?
 - The patient is 18 years of age or older
 - Therapy is prescribed by or in consultation with an ophthalmologist or optometrist
 - The patient is not using corrective lenses OR corrective lenses are insufficient to completely correct patient's vision
 - The patient had a trial of or contraindication to generic pilocarpine ophthalmic solution

If yes, **approve for 3 months by GPID or GPI-14 with a quantity limit of #10mL per 30 days.**
If no, do not approve.

INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **PILOCARPINE (Vuity)** requires the following rule(s) be met for approval:

- A. You have presbyopia (not able to focus on nearby objects)
- B. You are 18 years of age or older
- C. Therapy is prescribed by or in consultation with an ophthalmologist (a type of eye doctor) or optometrist (a type of eye doctor)
- D. You are not using corrective lenses OR corrective lenses are insufficient to completely correct your vision
- E. You had a trial of or contraindication (harmful for) to generic pilocarpine ophthalmic (eye) solution

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

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PILOCARPINE

GUIDELINES FOR USE (CONTINUED)

RENEWAL CRITERIA

- Does the patient have a diagnosis of presbyopia and meet **ALL** of the following criteria?
 - The patient is not using corrective lenses OR corrective lenses are insufficient to completely correct patient's vision
 - The patient continues to have benefit from Vuity

If yes, **approve for 12 months by GPID or GPI-14 with a quantity limit of #10mL per 30 days.**

If no, do not approve.

RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **PILOCARPINE (Vuity)** requires the following rule(s) be met for renewal:

- You have presbyopia (not able to focus on nearby objects)
- You are not using corrective lenses OR corrective lenses are insufficient to completely correct your vision
- You continue to have benefit from Vuity

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Vuity.

REFERENCES

- Vuity [Prescribing Information]. North Chicago, IL: AbbVie, Inc.; March 2023.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 04/24/23

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