	Johns Hopkins HealthCare LLC Pharmacy Public Pharmacy Management Drug Policies	<i>Policy Number</i>	MEDS146
		<i>Effective Date</i>	01/19/2022
		<i>Review Date</i>	04/20/2022
		<i>Revision Date</i>	04/20/2022
	<i>Subject</i> Vuity	<i>Page</i>	1 of 2

This document applies to the following Participating Organizations:

Priority Partners

Keywords: Vuity

Table of Contents	Page Number
I. <u>POLICY</u>	1
II. <u>POLICY CRITERIA</u>	1
A. <u>Vuity</u>	1
III. <u>AUTHORIZATION PERIOD/LIMITATIONS</u>	1
IV. <u>EXCLUSIONS</u>	1
V. <u>REFERENCES</u>	2
VI. <u>APPROVALS</u>	2

I. POLICY

- A. Vuity (pilocarpine ophthalmic solution) will require prior authorization for appropriate use. The process for initiating a prior authorization request can be found in policy PHARM 20.
 1. PPMCO members are subject to the Priority Partners formulary, available at www.ppmco.org.
 2. USFHP members are subject to prior authorization criteria, step-edits and days-supply limits outlined in the Tricare Policy Manual. Tricare Policy supersedes JHHC Medical/Pharmacy Policies. Tricare limits may be accessed at: http://pec.ha.osd.mil/formulary_search.php?submenuheader=1

II. POLICY CRITERIA


- A. **Vuity** may be approved for patients meeting the following:
 1. Patient is 40 years of age or older
 2. Documentation has been submitted showing the following:
 - a. Diagnosis of Presbyopia with poor vision impacting activities of daily living
 - b. Patient has tried and failed, or had a contraindication with corrective eyeglasses or contact lenses
 - c. Prescriber is, or has consulted with an optometrist or ophthalmologist

III. AUTHORIZATION PERIOD/LIMITATIONS

- A. Initial therapy may be approved for 6 months
- B. Continuation of therapy may be approved in 12-month intervals with documentation showing the patient has had a beneficial response to therapy

IV. EXCLUSIONS

- A. Vuity will not be approved for the following:
 1. Pediatric patients
 2. Patients with glaucoma or ocular hypertension
 3. Patients with corneal abnormalities (including keratoconus, corneal scar, Fuchs' endothelial dystrophy, guttata, or edema)
 4. Patients with iritis (inflammation of the iris)
 5. Concurrent use with other ophthalmic pilocarpine formulations

	Johns Hopkins HealthCare LLC Pharmacy Public Pharmacy Management Drug Policies	<i>Policy Number</i>	MEDS146
		<i>Effective Date</i>	01/19/2022
		<i>Review Date</i>	04/20/2022
		<i>Revision Date</i>	04/20/2022
	<i>Subject</i> Vuity	<i>Page</i>	2 of 2

6. Doses that exceed one drop in each eye once daily
 7. Any indications or uses that are not FDA-approved, or guideline-supported
- B. The use of physician samples, or manufacturer product discounts, does not guarantee coverage under the provisions of the medical and/or pharmacy benefit. All pertinent criteria must be met in order to be eligible for benefit coverage.

V. REFERENCES

- Vuity [prescribing information]. North Chicago, IL: AbbVie Inc.; October 2021.
- ClinicalTrials.gov. NCT03804268. Efficacy Study of Pilocarpine HCl Ophthalmic Solution (AGN-190584) in Participants With Presbyopia (GEMINI 1). Available at: <https://clinicaltrials.gov/ct2/show/NCT03804268?term=NCT03804268&draw=2&rank=1>. Accessed on January 12, 2022
- ClinicalTrials.gov. NCT03857542. A Phase 3 Efficacy Study of Pilocarpine HCl Ophthalmic Solution (AGN-190584) in Participants With Presbyopia (GEMINI 2). Available at: <https://clinicaltrials.gov/ct2/show/NCT03857542?term=NCT03857542&draw=2&rank=1>. Accessed on January 12, 2022
- Mian SI. Visual impairment in adults: Refractive disorders and presbyopia. In: UpToDate, Gardiner MF, Givens J (Eds), UpToDate, Waltham MA.: UpToDate Inc. Available at <http://uptodate.com>. Accessed on January 12, 2022

VI. APPROVALS

Signature on file at JHHC

DATE OF REVISION	SUMMARY OF CHANGE
04/20/2022	Policy Creation

Review/Revision Date: 04/20/2022