



Ophthalmic Pilocarpine Quantity Limit Program Summary

Quantity limits apply to Medicaid.

POLICY REVIEW CYCLE

Effective Date
10/1/2023

Date of Origin
7/1/2022

FDA APPROVED INDICATIONS AND DOSAGE

See package insert for FDA prescribing information: <https://dailymed.nlm.nih.gov/dailymed/index.cfm>

POLICY AGENT SUMMARY QUANTITY LIMIT

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	QL Amount	Dose Form	Day Supply	Duration	Addtl QL Info	Allowed Exceptions	Targeted NDCs When Exclusions Exist
Vuity	Pilocarpine HCl Ophth Soln	1.25 %	5	mL	30	DAYS			

CLIENT SUMMARY – QUANTITY LIMITS

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Vuity	Pilocarpine HCl Ophth Soln	1.25 %	Medicaid

QUANTITY LIMIT CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
QL	<p>Quantity limit for the Target Agent(s) will be approved when ONE of the following is met:</p> <ol style="list-style-type: none"> 1. The requested quantity (dose) does NOT exceed the program quantity limit OR 2. The requested quantity (dose) is greater than the program quantity limit AND BOTH of the following: <ol style="list-style-type: none"> A. The requested quantity (dose) is greater than the maximum FDA labeled dose for the requested indication AND B. Information has been provided to support therapy with a higher dose for the requested indication <p>Length of Approval: 12 months</p>