

New Hampshire Medicaid Fee-for-Service Program

Vuity™ (pilocarpine) Criteria

Approval Date: January 22, 2024

Medications

Brand Name	Generic Name	Available forms
Vuity™	pilocarpine ophthalmic solution 1.25%	2.5 mL and 5 mL bottles

Criteria for Approval

1. Patient is ≥ 18 years of age; **AND**
2. Patient has a diagnosis of presbyopia; **AND**
3. Prescriber is an optometrist or ophthalmologist (or one has been consulted); **AND**
4. Patient has a documented contraindication and/or failure of corrective lenses (eyeglasses or contacts) to resolve presbyopia symptoms; **AND**
5. Patient does not have glaucoma, ocular hypertension, or iritis.

Criteria for Renewal

1. Patient continues to meet the above criteria; **AND**
2. Patient experienced disease response as indicated by improvement in presbyopia; **AND**
3. Patient is free of unacceptable toxicity from the drug (e.g., retinal detachment event, iritis, hypersensitivity reaction).

Length of Authorization: Initial 6 months; Renewal 12 months

References

Available upon request.

Revision History

Reviewed by	Reason for Review	Date Approved
DUR Board	New	06/02/2022
Commissioner Designee	Approval	07/12/2022
DUR Board	Review	12/08/2023
Commissioner Designee	Approval	01/22/2024