



Drug Coverage Policy

Effective Date 10/15/2025
Coverage Policy Number IP0343
Policy Title Pilocarpine 1.25%
Ophthalmic

Pilocarpine 1.25% Ophthalmic

- Vuity™ (pilocarpine 1.25% ophthalmic solution – Abbvie, generic)

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Coverage Policy

Conditions Not Covered

Pilocarpine 1.25% for the treatment of presbyopia is considered NOT medically necessary.

Pilocarpine 1.25% is FDA approved for the treatment of presbyopia in adults; however, only treatments that are required to diagnose or treat an illness, injury, disease or its symptoms are considered to be medically necessary.

Any use is considered not medically necessary, including the following (this list may not be all inclusive):

- 1. Presbyopia.** Presbyopia is the irreversible loss of the accommodative ability of the eye that occurs due to aging. This decline occurs as a natural result of aging and will ultimately affect any person reaching advanced enough age.² Since presbyopia is part of the normal aging process, and not as result from an illness, injury, disease or its symptoms, pilocarpine 1.25% is considered not medically necessary.

Overview

Pilocarpine 1.25% (Vuity, generic) is a cholinergic muscarinic receptor agonist indicated for the treatment of presbyopia in adults.¹

Presbyopia is the irreversible loss of the accommodative ability of the eye that occurs due to aging. The average age of those first reporting symptoms of presbyopia is between 42 and 44 years of age with a complete loss of accommodation typically occurring between the ages of 50-55 years. This decline occurs as a natural result of aging and will ultimately affect any person reaching advanced enough age. Gradual onset of blurred near vision is often the first presenting symptom of presbyopia. Other symptoms commonly experienced include squinting, headaches secondary to eye strain, increased light requirement, and need to work from progressively greater distances. It is believed to stem from a gradual thickening and loss of flexibility of the natural lens inside your eye. This differs from astigmatism, nearsightedness and farsightedness, which are related to the shape of the eyeball and are caused by genetic and environmental factors.^{2,3}

Guidelines

Vuity is not addressed in guidelines. The American Academy of Ophthalmology (AAO) Refractive Surgery Preferred Practice Pattern® (September 2022) states under Care Process and Management,⁴ Presbyopia can be managed by using eyeglasses (reading glasses, bifocal, trifocal, or progressive lenses) or contact lenses (soft, rigid gas-permeable, aspheric bifocal or multifocal). Surgical management of presbyopia includes keratorefractive surgery, corneal inlays, or intraocular lens implantation (multifocal, accommodative, and extended depth of focus lenses). Monovision strategies can also be used. A modified monovision involves using a bifocal or multifocal contact lens in one eye and a distance contact lens in the fellow eye.

References

1. Vuity [prescribing information]. North Chicago, IL: Allergan, an AbbVie Company. March 2023.
2. American Academy of Ophthalmology. EyeWiki®. Presbyopia. March 4, 2024. Accessed August 2025. Available at URL address: <https://eyewiki.org/Presbyopia>.

3. American Academy of Ophthalmology. EyeSmart®. What is Presbyopia? May 21, 2025. Accessed August 2025. Available at URL address: <https://www.aao.org/eye-health/diseases/what-is-presbyopia>.
4. American Academy of Ophthalmology (AAO). Refractive Surgery Preferred Practice Pattern. September 2024. Accessed August 2025. Available at URL address: Refractive Surgery PPP 2022 - Updated 2024 - American Academy of Ophthalmology 2017.

Revision Details

Type of Revision	Summary of Changes	Date
Annual Revision	No criteria changes	4/15/2024
Annual Revision	Added generic pilocarpine 1.25% ophthalmic solution to policy.	10/15/2025

The policy effective date is in force until updated or retired.

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