



Luminopia Prior Authorization Program Summary

POLICY REVIEW CYCLE

Effective Date
09-15-2025

Date of Origin
11-09-2023

POLICY AGENT SUMMARY PRIOR AUTHORIZATION

Target Brand Agent(s)	Target Generic Agent(s)	Strength	Targeted MSC	Available MSC	Final Age Limit	Preferred Status
Luminopia	*digital therapy application - visual***		M ; N ; O ; Y	N		

CLIENT SUMMARY – PRIOR AUTHORIZATION

Target Brand Agent Name(s)	Target Generic Agent Name(s)	Strength	Client Formulary
Luminopia	*digital therapy application - visual***		IL HMO Performance Annual ; Balanced ; Balanced Biosimilar ; IL non-HMO Performance Full ; MT Performance Full ; NM Performance Full ; OK Performance Full ; Performance ; Performance Annual ; Performance Biosimilar ; Performance Select ; Performance Select Biosimilar ; Whole Foods

PRIOR AUTHORIZATION CLINICAL CRITERIA FOR APPROVAL

Module	Clinical Criteria for Approval
PA	<p>Initial Evaluation</p> <p>Target Agent(s) will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> The patient has a diagnosis of amblyopia associated with anisometropia and/or with mild strabismus AND The patient has an interpupillary distance of at least 52 mm AND The patient will use the requested digital therapy in combination with full-time refractive correction (e.g., glasses) AND If the patient has an FDA labeled indication, then ONE of the following: <ol style="list-style-type: none"> The patient's age is within FDA labeling for the requested indication for the requested agent OR There is support for using the requested agent for the patient's age for the requested indication <p>Length of Approval: 3 months or through end of FDA labeled age, whichever is shorter</p> <p>Renewal Evaluation</p>

Module	Clinical Criteria for Approval
	<p>Target Agent(s) will be approved when ALL of the following are met:</p> <ol style="list-style-type: none"> 1. The patient has been previously approved for the requested digital therapy device through the plan's Prior Authorization process [Note: patients not previously approved for the requested agent will require initial evaluation review] AND 2. The patient has had clinical benefit with the requested digital therapeutic AND 3. If the patient has an FDA labeled indication, then ONE of the following: <ol style="list-style-type: none"> A. The patient's age is within FDA labeling for the requested indication for the requested agent OR B. There is support for using the requested agent for the patient's age for the requested indication <p>Length of Approval: 12 months or through end of FDA labeled age, whichever is shorter</p>