Clinical Policy: Aceclidine (Vizz)

Reference Number: PA.CP.PMN.302
Effective Date: 11/2025
Last Review Date: 10/2025

Description
Aceclidine (Vizz™) is cholinergic agonist.

FDA Approved Indication(s)
Vizz is indicated for the treatment of presbyopia.

Policy/Criteria
Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of PA Health & Wellness® that Vizz is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Presbyopia (must meet all)**:**

1. Diagnosis of presbyopia;
2. Prescribed by or in consultation with an optometrist or ophthalmologist;
3. Age between 45 and 75 years at the time of therapy initiation;
4. Failure of corrective eyeglasses or contact lenses to resolve the presbyopia symptoms, unless contraindicated or clinically significant adverse effects are experienced;
5. Vizz is not prescribed concurrently with Vuity® or Qlosi™;
6. Dose does not exceed 2 drops per eye per day.

Approval duration: 12 months

B. Other diagnoses/indications

1. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

II. Continued Therapy

A. Diagnosis (must meet all)**:**

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.PHARM.01) applies;
2. Member is responding positively to therapy;
3. If request is for a dose increase, new dose does not exceed 2 drops per eye per day.

Approval duration: 12 months

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.PHARM.01) applies.

Approval duration: Duration of request or 12 months (whichever is less); or
2. Refer to the off-label use policy if diagnosis is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized): PA.CP.PMN.53

III. Diagnoses/Indications for which coverage is NOT authorized:

A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – PA.CP.PMN.53

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key
FDA: Food and Drug Administration

Appendix B: Therapeutic Alternatives
Not applicable

Appendix C: Contraindications/Boxed Warnings
None reported

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Presbyopia	Instill 1 drop in each eye, wait 2 minutes and instill a second drop in each eye once daily	2 drops per eye/day

VI. Product Availability

Ophthalmic solution in single-dose vial: 1.44%

VII. References

1. Vizz Prescribing Information. Solana Beach, CA: Lenz Therapeutics, Inc.; July 2025. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/218585s000lbl.pdf. Accessed August 12, 2025.
2. Presbyopia. American Academy of Ophthalmology review March 4, 2024. Available at: https://eyewiki.org/Presbyopia#Management. Accessed August 12, 2025.

Reviews, Revisions, and Approvals	Date
Policy created	10/2025