

Generic Name: cyclosporine ophthalmic, loteprednol ophthalmic, perfluorohexyloctane ophthalmic, varenicline nasal spray, lifitegrast ophthalmic

Therapeutic Class or Brand Name: Dry Eye Disease

Applicable Drugs: Cequa® (cyclosporine 0.09%), Eysuvis® (loteprednol 0.25%), Miebo® (perfluorohexyloctane), Restasis® (cyclosporine 0.05%), Tyrvaya® (varenicline nasal spray), Verkazia® (cyclosporine 0.1%), Vevye® (cyclosporine 0.1%), Xiidra® (lifitegrast)

Preferred: cyclosporine 0.05% ophthalmic emulsion

Non-preferred: Cequa® (cyclosporine 0.09%), Eysuvis® (loteprednol 0.25%), Miebo® (perfluorohexyloctane), Restasis® (cyclosporine 0.05%), Tyrvaya® (varenicline nasal spray), Verkazia® (cyclosporine 0.1%), Vevye® (cyclosporine 0.1%), Xiidra® (lifitegrast)

Date of Origin: 8/26/2024

Date Last Reviewed / Revised: N/A

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through IV are met)

- I. Documented diagnosis of A or B and must meet ALL criteria under respective diagnosis.
 - A. Moderate to severe keratoconjunctivitis sicca (dry eye disease) and documentation that patient meets all the criteria below:
 - i. Documented failure or contraindication to BOTH of the following (1 and 2):
 1. One over-the-counter artificial tear product (e.g., Systane, Refresh, TheraTears, GenTeal, etc.).
 2. Preferred cyclosporine 0.05% ophthalmic emulsion.
 - B. Vernal keratoconjunctivitis and documentation that patient meets all the criteria below:
 - i. Age: ≥ 4 years old: Verkazia
 - ii. Documented failure of one or contraindication to all preferred topical dual antihistamine/mast cell stabilizers (e.g., bepotastine 1.5% ophthalmic solution, olopatadine 0.2% ophthalmic solution).
 - iii. Documented failure of one or contraindication to all OTC second-generation oral antihistamines (e.g., cetirizine, loratadine, fexofenadine)
 - iv. Documented failure with preferred cyclosporine 0.05% ophthalmic emulsion
- II. Must be prescribed by an ophthalmologist, optometrist, or a rheumatologist.
- III. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

- IV. Refer to plan document for the list of preferred products. If the requested agent is not listed as a preferred product, must have a documented failure or contraindication to a preferred product(s).

EXCLUSION CRITERIA

- Eysuvis
 - Viral diseases of the cornea and conjunctiva.
 - Mycobacterial infections of the eye.
 - Fungal diseases of ocular structures.

OTHER CRITERIA

- Minimum age requirements:
 - Restasis products, cyclosporine ophthalmic emulsion: 16 years or older
 - Xiidra: 17 years or older
 - All other products: 18 or older

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Cequa: 60 single-use vials per 30 days
- Eysuvis: one 8.3 mL bottle per 14 days
- Miebo: one 5 ml bottle per 30 days
- Restasis: one 5.5 mL multidose bottle per 30 days
- Restasis MultiDose: 60 single-dose vials per 30 days
- Tyrvaya: one box (2 bottles) per 30 days
- Verkazia: 120 single-dose vials per 30 days.
- Vevye: one 2mL bottler per 30 days
- Xiidra: 60 single-dose vials per 30 days.

APPROVAL LENGTH

- **Authorization:** Eysuvis: 14 days. All other medications addressed in this policy: 1 year.
- **Re-Authorization:**
 - Eysuvis: documentation of stable intraocular pressure and examination of the patient with the aid of magnification (14 days).

- All other medications addressed in this policy: An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and that the medication is effective (1 year).

APPENDIX

N/A

REFERENCES

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3. Bielory L, Delgado L, Katelaris CH, Leonardi A, Rosario N, Vichyanoud P. ICON: Diagnosis and management of allergic conjunctivitis. *Ann Allergy Asthma Immunol*. 2020;124(2):118-134. doi: 10.1016/j.anai.2019.11.014
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8. Restasis Multidose. Prescribing information. Allergan; October 2016. Accessed August 12, 2024. https://www.rxabbvie.com/pdf/restasis-multidose_pi.pdf
9. Tyrvaya. Prescribing information. Oyster Point Pharma, Inc., a Viatris company; February 2024. Accessed August 12, 2024. https://www.tyrvaya-pro.com/files/prescribing-information.pdf?_gl=1*16ihsm6*_up*MQ..&gclid=EAlalQobChMlj9eO5oXwhwMVVjMIBR0FTQG1EAYYAIAAEqJdw_D_BwE&gclsrc=aw.ds
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11. Vevye. Prescribing information. Harrow Eye, LLC; August 2023. Accessed August 12, 2024. https://patient.vevy.com/files/ugd/984798_fa67b9451a1f4a72bcc5422433d876c0.pdf
12. Xiidra. Prescribing information. Novartis Pharmaceuticals Corporation; June 2020. Accessed August 12, 2024. https://www.novartis.com/us-en/sites/novartis_us/files/xiidra.pdf

DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.