

Generic Name: ophthalmic formulations of acoltremon, chondroitin sulfate, cyclosporine, lifitegrast, loteprednol, and perfluorohexyloctane; varenicline nasal spray

Applicable Drugs: Cequa (cyclosporine 0.09%), chondroitin sulfate 0.25%, Eysuvis (loteprednol 0.25%), Miebo (perfluorohexyloctane), Restasis (cyclosporine 0.05%), Tryptyr (acoltremon 0.003%), Tyrvaya (varenicline nasal spray), Verkazia (cyclosporine 0.1%), Vevye (cyclosporine 0.1%), Xiidra (lifitegrast)

Preferred: cyclosporine 0.05% ophthalmic emulsion

Non-preferred: Cequa, chondroitin sulfate, Eysuvis, Miebo, Restasis, Tryptyr, Tyrvaya, Verkazia, Vevye, Xiidra

Date of Origin: 8/26/2024

Date Last Reviewed / Revised: 5/6/2026

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. 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).
 - ii. Documented failure of one or contraindication to all OTC second-generation oral antihistamines (e.g., cetirizine, loratadine, fexofenadine)
 - iii. 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 all preferred product(s).

EXCLUSION CRITERIA

- Concomitant use of more than one prescription product for the treatment of dry eye disease, as there is no data supporting concomitant use of multiple agents.
- Eysuvis only:
 - Viral diseases of the cornea and conjunctiva
 - Mycobacterial infections of the eye
 - Fungal diseases of ocular structures

OTHER CRITERIA

- Minimum age requirements:
 - Verkazia: 4 years or older
 - 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
- Chondroitin: one 10 mL bottle 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
- Tryptyr: 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 bottle 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). The interval between requested treatment courses must be at least 30 days. This product is not approved for continuous use.
- 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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11. Verkazia. Prescribing information. Santen, Inc; June 2022. Accessed January 13, 2026. <https://www.verkazia.com/pdf/Verkazia-PI.pdf>
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13. Xiidra. Prescribing information. Novartis Pharmaceuticals Corporation; June 2020. Accessed January 13, 2026. <https://pi.bausch.com/globalassets/pdf/packageinserts/pharma/xiidra-prescribing-information.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.