



Pharmacy Medical Policy

Topical Ocular Hydrating Agents

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Policy Number: 426

BCBSA Reference Number: None

Related Policies

- Quality Care Dosing guidelines apply to the following medications and can be found in Medical Policy [#621A](#)

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Note: All requests for outpatient retail pharmacy for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Clinical Pharmacy Operations by completing the Prior Authorization Form on the last page of this document. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally. Patients must have pharmacy benefits under their subscriber certificates.

Please refer to the chart below for the formulary and step status of the medications affected by this policy.

Drug	Formulary Information
	Standard
	Formulary Status
Cequa ™* (cyclosporine)	Not Covered
Cyclosporine Single use vials	PA Required
Eysuvis ™* (loteprednol etabonate)	PA Required
Restasis ® (cyclosporine) Single use vials	PA Required
Restasis ® Multidose (cyclosporine)	Not Covered
Tyrvaya nasal spray ™* (varenicline)	Not Covered
Verkazia ® (cyclosporine)	PA Required
Xiidra ™ (lifitegrast)	PA Required

We may cover Cyclosporine Single use vials for the short-term treatment of suppressed tear production due to keratoconjunctivitis sicca-associated ocular inflammation when **all** the following criteria are met^{1,4}:

- Age 16 years of age or older,
- AND**
- Previous treatment failure with or a contraindication to:
Non-prescription (over-the counter (OTC)) artificial tear substitutes and or gels/ointments
- AND**
- Member has a definite diagnosis of moderate or severe keratoconjunctivitis sicca,

AND

- Prescribed by a board-certified ophthalmologist or board eligible ophthalmologist.

OR

- Prescribed by a board-certified optometrist or board eligible optometrist.

We may cover Xiidra™ (lifitegrast, ophthalmic) for the treatment of the signs and symptoms of dry eye disease (DED) when **all** the following criteria are met:

- Age 17 years of age or older,

AND

- Previous treatment failure with or a contraindication to:
Non-prescription (over-the counter (OTC)) artificial tear substitutes and or gels/ointments

AND

- Member has a definite diagnosis of moderate or severe dry eye disease (DED),

AND

- Prescribed by a board-certified ophthalmologist or board eligible ophthalmologist.

OR

- Prescribed by a board-certified optometrist or board eligible optometrist.

We may cover Cequa™* (cyclosporine, ophthalmic), Restasis® Multidose (cyclosporine, ophthalmic), Restasis® (cyclosporine, ophthalmic) Single use vials, Tyrvaya nasal spray™* (varenicline) for the short-term treatment of suppressed tear production due to keratoconjunctivitis sicca-associated ocular inflammation when **all** the following criteria are met:

- Age 18# years of age or older,

AND

- Previous treatment failure with or a contraindication to:
Non-prescription (over-the counter (OTC)) artificial tear substitutes and or gels/ointments

AND

- There are BCBSMA paid claims of both Xiidra™ **AND Cyclosporine** Single use vials or previous treatment with both.

AND

- Member has a definite diagnosis of moderate or severe keratoconjunctivitis sicca,

AND

- Prescribed by a board-certified ophthalmologist or board eligible ophthalmologist.

OR

- Prescribed by a board-certified optometrist or board eligible optometrist.

We may cover Eysuvis™* (loteprednol etabonate, ophthalmic) the short-term (up to two weeks) treatment of the signs and symptoms of dry eye disease when **all** the following criteria are met:

- Age 18 years of age or older,

AND

- Previous treatment failure with or a contraindication to:
Non-prescription (over-the counter (OTC)) artificial tear substitutes and or gels/ointments

AND

- The patient does not have glaucoma or any other eye issues like infection.

AND

- Prescribed by a board-certified ophthalmologist or board eligible ophthalmologist.

OR

- Prescribed by a board-certified optometrist or board eligible optometrist.

We may cover Verkazia® (cyclosporine) for the treatment of vernal keratoconjunctivitis (VKC) in children and adults. when **all** the following criteria are met:

- Age 4 years of age or older,

AND

- Member has a definite diagnosis of moderate or severe vernal keratoconjunctivitis (VKC),

Note: If approved the Prior Authorization will be granted for up to one (1) year.

#-Restasis® Multidose (cyclosporine, ophthalmic) has safety data to include ages 16 and older.

*Non formulary medications are covered when a formulary exception request is submitted to BCBSMA Pharmacy Operations and step criteria below are met.

**Requests based exclusively on the use of samples will not meet coverage criteria for exception. Additional clinical information demonstrating medical necessity of the desired medication must be submitted by the requesting prescriber for review.

We do not cover Restasis® (cyclosporine, ophthalmic) for other conditions not listed above.

Individual Consideration

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual's unique clinical circumstances may be considered in light of current scientific literature. Physicians may send relevant clinical information for individual patients for consideration to:

Blue Cross Blue Shield of Massachusetts
Pharmacy Operations Department
25 Technology Place
Hingham, MA 02043
Tel: 1-800-366-7778
Fax: 1-800-583-6289

Prior Authorization Information

Outpatient

For services described in this policy, see below for products where prior authorization **IS REQUIRED** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is required .
Commercial PPO and Indemnity	Prior authorization is required .

Policy History

Date	Action
7/2022	Updated to include Verkazia to the policy.
4/2022	Updated to add Generic Restasis and move Restasis to a non-preferred status.
2/2022	updated to add Tyrvaya nasal spray to the policy.
4/2021	Clarified age for Xiidra.
1/2021	Updated to add Eysuvis™ to the policy.
1/2020	Updated criteria for Restasis® Multidose to not covered.
10/2019	Updated to clarify Cequa coverage
2/2019	Updated to add Cequa to the policy.
6/2017	Updated address for Pharmacy Operations.
11/2016	Updated to add Xiidra™ to the policy.
7/2014	Updated policy to include prior use of over the counter preparations, requiring a diagnosis of moderate or severe keratoconjunctivitis sicca, and requiring prescription by a board/eligible ophthalmologist or board/eligible optometrist. Also to remove Blue Value from policy.
8/2013	Reviewed and updated drug sample exclusion language.
1/2013	New policy effective 1/1/13.

References

1. American Academy of Ophthalmology Corneal/External Disease Panel. Preferred Practice Pattern® Guidelines. Dry Eye Syndrome –Limited Revision. San Francisco, CA:American Academy of Ophthalmology; 2011.
2. American Academy of Ophthalmology/External Disease Panel. Preferred Practice Pattern® Guidelines. Dry Eye Syndrome. San Francisco, CA; American Academy of Ophthalmology; 2013.
3. Gumas, K. et al, The role of inflammation and anti-inflammation therapies in keratoconjunctivitis sicca. Clinical Ophthalmology 2009;3 57–67
4. Restasis® [package insert]. Irvine, CA: Allergan, Inc.: 2010.
5. Xiidra™ [package insert]. Lexington, MA: Shire US, Inc.: 2016.
6. Cequa™ [package insert]. Cranbury, NJ: Sun Pharmaceutical Industries, Inc.: Aug 2018.
7. Eysuvis™ [package insert]. Watertown, MA: Kala Pharmaceuticals, Inc.: Nov 2020.

To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below:

<http://www.bluecrossma.org/medical-policies/sites/g/files/cspkws2091/files/acquiadam-assets/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf>