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.

Prior Authorization Information

☑ Prior Authorization
☐ Step Therapy
☐ Quality Care Dosing

Pharmacy Operations:
Tel: 1-800-366-7778
Fax: 1-800-583-6289

Policy last updated 7/1/2023

Policy applies to Commercial Members:
- Managed Care (HMO and POS),
- PPO and Indemnity
- MEDEX with Rx plan
- Managed Major Medical with Custom BCBSMA Formulary
- Comprehensive Managed Major Medical with Custom BCBSMA Formulary
- Managed Blue for Seniors with Custom BCBSMA Formulary

To request for coverage: Physicians may call, fax, or mail the attached form (Formulary Exception/Prior Authorization form) to the address below.

Blue Cross Blue Shield of Massachusetts
Pharmacy Operations Department
25 Technology Place
Hingham, MA 02043

Individual Consideration: Policy for requests that do not meet clinical criteria of this policy, see section labeled Individual Consideration
Please refer to the chart below for the formulary and step status of the medications affected by this policy.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Formulary Information</th>
<th>Standard</th>
<th>Formulary Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cequa™ <em>(cyclosporine)</em></td>
<td></td>
<td>Standard</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Cyclosporine Single use vials</td>
<td></td>
<td>PA Required</td>
<td></td>
</tr>
<tr>
<td>Eysuvis™ <em>(loteprednol etabonate)</em></td>
<td></td>
<td>PA Required</td>
<td></td>
</tr>
<tr>
<td>Restasis ® (cyclosporine) Single use vials</td>
<td></td>
<td>PA Required</td>
<td></td>
</tr>
<tr>
<td>Restasis ® Multidose (cyclosporine)</td>
<td></td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td>Tyrvaya nasal spray™* <em>(varenicline)</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verkazia ® <em>(cyclosporine)</em></td>
<td></td>
<td>PA Required</td>
<td></td>
</tr>
<tr>
<td>Xiidra™ <em>(lifitegrast)</em></td>
<td></td>
<td>PA Required</td>
<td></td>
</tr>
</tbody>
</table>

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:
- Age 16 years of age or older, 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.

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

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
- 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.

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

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
- 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.

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

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
- 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.

Note: If approved the Prior Authorization will be granted for 2 weeks.

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® (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

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/2023</td>
<td>Reformatted Policy.</td>
</tr>
<tr>
<td>6/2023</td>
<td>Updated Criteria for Cyclosporine, Xiidra ™, and Eysuvis ™ and added Auth lengths for the drug groupings.</td>
</tr>
<tr>
<td>7/2022</td>
<td>Updated to include Verkazia to the policy.</td>
</tr>
<tr>
<td>4/2022</td>
<td>Updated to add Generic Restasis ® and move Restasis ® to a non-preferred status.</td>
</tr>
<tr>
<td>2/2022</td>
<td>Updated to add Tyrvaya nasal spray™ to the policy.</td>
</tr>
<tr>
<td>4/2021</td>
<td>Clarified age for Xiidra ™.</td>
</tr>
<tr>
<td>1/2021</td>
<td>Updated to add Eysuvis™ to the policy.</td>
</tr>
<tr>
<td>1/2020</td>
<td>Updated criteria for Restasis ® Multidose to not covered.</td>
</tr>
<tr>
<td>10/2019</td>
<td>Updated to clarify Cequa ™ coverage</td>
</tr>
<tr>
<td>2/2019</td>
<td>Updated to add Cequa ™ to the policy.</td>
</tr>
<tr>
<td>6/2017</td>
<td>Updated address for Pharmacy Operations.</td>
</tr>
<tr>
<td>11/2016</td>
<td>Updated to add Xiidra ™ to the policy.</td>
</tr>
<tr>
<td>7/2014</td>
<td>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.</td>
</tr>
<tr>
<td>8/2013</td>
<td>Reviewed and updated drug sample exclusion language.</td>
</tr>
<tr>
<td>1/2013</td>
<td>New policy effective 1/1/13.</td>
</tr>
</tbody>
</table>

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