Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

**Ophthalmic Immunomodulators**

*This criteria was recommended for review by an MCO to ensure appropriate and safe utilization*

Clinical Information Included in this Document

- **Drugs requiring prior authorization**: the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic**: a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram**: a visual depiction of the clinical criteria logic
- **Supporting tables**: a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References**: clinical publications and sources relevant to this clinical criteria

**Note**: Click the hyperlink to navigate directly to that section.

Revision Notes

Corrected ages on logic diagram, page 4
Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

<table>
<thead>
<tr>
<th>Label Name</th>
<th>GCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEQUA 0.09% SOLUTION</td>
<td>45144</td>
</tr>
<tr>
<td>RESTASIS MULTIDOSE 0.05%</td>
<td>42588</td>
</tr>
<tr>
<td>RESTASIS 0.05% EYE EMULSION</td>
<td>19216</td>
</tr>
<tr>
<td>XIIDRA 5% EYE DROPS</td>
<td>41847</td>
</tr>
</tbody>
</table>
1. Does the client have a **diagnosis of dry eye syndrome or keratoconjunctivitis sicca** in the last 730 days?
   - [ ] Yes, and this is the initial request (Go to #2)
   - [ ] Yes, and this is not the initial request (Go to #3)
   - [ ] No (Deny)

2. Is the medication being prescribed by, or in conjunction with, an ophthalmologist or optometrist?
   - [ ] Yes (Go to #3)
   - [ ] No (Deny)

3. Is the client less than (<) 16 years of age?
   - [ ] Yes (Deny)
   - [ ] No (Go to #4)

4. Is the request for Restasis?
   - [ ] Yes (Go to #5)
   - [ ] No (Go to #6)

5. Is the client greater than or equal to (≥) 16 years of age?
   - [ ] Yes (Go to #10)
   - [ ] No (Deny)

6. Is the request for Xiidra?
   - [ ] Yes (Go to #7)
   - [ ] No (Go to #8)

7. Is the client greater than or equal to (≥) 17 years of age?
   - [ ] Yes (Go to #10)
   - [ ] No (Deny)

8. Is the request for Cequa?
   - [ ] Yes (Go to #9)
   - [ ] No (Deny)

9. Is the client greater than or equal to (≥) 18 years of age?
   - [ ] Yes (Go to #10)
   - [ ] No (Deny)

10. Is the requested quantity less than or equal to the **recommended dosing guidelines**?
    - [ ] Yes (Approve – 365 days)
    - [ ] No (Deny)
Ophthalmic Immunomodulators

Clinical Criteria Logic Diagram

**Step 1**
Does the client have a diagnosis of dry eye syndrome or keratoconjunctivitis sicca in the last 730 days?
- No → Deny Request
- Yes → Yes, and this is not an initial request

**Step 2**
Is the request being prescribed by, or in conjunction with, an ophthalmologist or optometrist?
- No → Deny Request
- Yes → Go to Step 3

**Step 3**
Is the client < 16 years of age?
- Yes → Deny Request
- No → Go to Step 4

**Step 4**
Is the request for Restasis?
- Yes → Go to Step 10
- No → Deny Request

**Step 5**
Is the client ≥ 16 years of age?
- Yes → Go to Step 10
- No → Deny Request

**Step 6**
Is the request for Xiidra?
- Yes → Go to Step 10
- No → Deny Request

**Step 7**
Is the client ≥ 17 years of age?
- Yes → Go to Step 10
- No → Deny Request

**Step 8**
Is the request for Cequa?
- Yes → Go to Step 10
- No → Deny Request

**Step 9**
Is the client ≥ 18 years of age?
- Yes → Is the requested quantity less than or equal to the recommended dosing guidelines?
- No → Deny Request

**Step 10**
Is the requested quantity less than or equal to the recommended dosing guidelines?
- Yes → Approve Request (365 days)
- No → Deny Request

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Clinical Criteria Supporting Tables

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**Step 1 (diagnosis of dry eye syndrome or keratoconjunctivitis sicca)**

*Required diagnosis: 1*

*Look back timeframe: 730 days*

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H04121</td>
<td>DRY EYE SYNDROME OF RIGHT LACRIMAL GLAND</td>
</tr>
<tr>
<td>H04122</td>
<td>DRY EYE SYNDROME OF LEFT LACRIMAL GLAND</td>
</tr>
<tr>
<td>H04123</td>
<td>DRY EYE SYNDROME BILATERAL LACRIMAL GLANDS</td>
</tr>
<tr>
<td>H04129</td>
<td>DRY EYE SYNDROME UNSPECIFIED LACRIMAL GLAND</td>
</tr>
<tr>
<td>H16221</td>
<td>KERATOCONJUNCTIVITIS SICCA, NOT SPECIFIED AS SJÖGREN'S RIGHT EYE</td>
</tr>
<tr>
<td>H16222</td>
<td>KERATOCONJUNCTIVITIS SICCA, NOT SPECIFIED AS SJÖGREN'S LEFT EYE</td>
</tr>
<tr>
<td>H16223</td>
<td>KERATOCONJUNCTIVITIS SICCA, NOT SPECIFIED AS SJÖGREN'S BILATERAL</td>
</tr>
<tr>
<td>H16229</td>
<td>KERATOCONJUNCTIVITIS SICCA, NOT SPECIFIED AS SJÖGREN'S UNSPECIFIED EYE</td>
</tr>
<tr>
<td>M3501</td>
<td>SICCA SYNDROME WITH KERATOCONJUNCTIVITIS</td>
</tr>
</tbody>
</table>

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**Step 10**

**Dosing Guidelines**

<table>
<thead>
<tr>
<th>Label Name</th>
<th>Recommended Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cequa, Restasis or Xiidra</td>
<td>60 vials per 30 days</td>
</tr>
<tr>
<td>Restasis multidose bottle</td>
<td>5.5 mL per 30 days</td>
</tr>
</tbody>
</table>
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Clinical Criteria References


Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the most current revision are also provided in the Revision Notes on the first page of this document.

<table>
<thead>
<tr>
<th>Publication Date</th>
<th>Notes</th>
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<tbody>
<tr>
<td>04/24/2020</td>
<td>• Initial publication and presentation to the DUR Board</td>
</tr>
<tr>
<td>05/26/2020</td>
<td>• Based on the recommendation of the DUR Board, question 2 in criteria logic and logic diagram changed to note that a specialist will only be required with initial prescribing of these medications</td>
</tr>
<tr>
<td>06/30/2020</td>
<td>• Corrected ages on logic diagram, page 4</td>
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