

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class**Immunomodulator Agents for Dry Eye**

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

Added criteria for Tyrvaya as approved by the DUR Board



Immunomodulator Agents for Dry Eye

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.

Drugs Requiring Prior Authorization	
Label Name	GCN
EYSUVIS 0.25% EYE DROPS	48834
RESTASIS MULTIDOSE 0.05%	42588
RESTASIS 0.05% EYE EMULSION	19216
TYRVAYA 0.03 MG NASAL SPRAY	51384
XIIDRA 5% EYE DROPS	41847



Immunomodulator Agents for Dry Eye

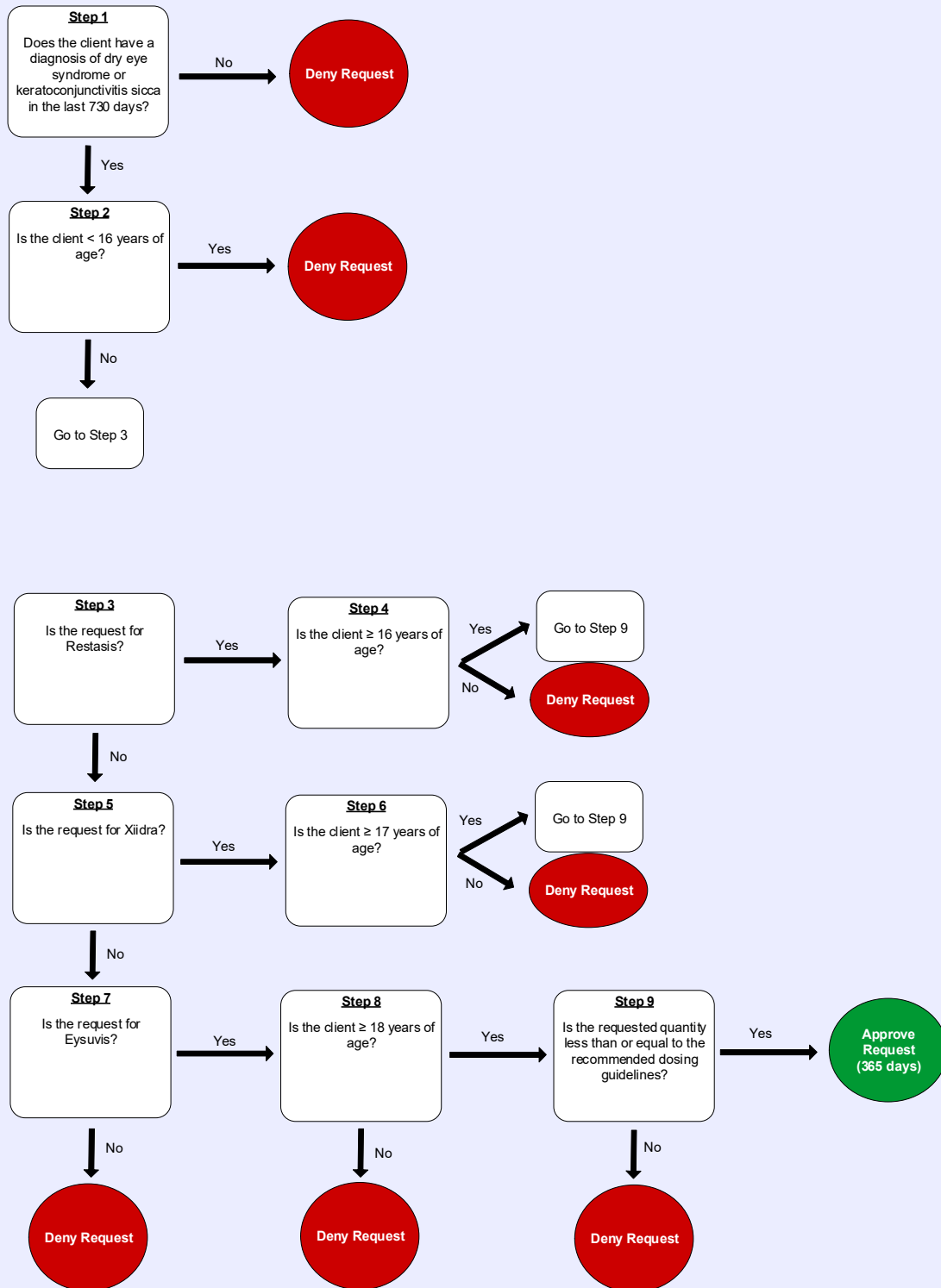
Clinical Criteria Logic

1. Does the client have a **diagnosis of dry eye syndrome or keratoconjunctivitis sicca** in the last 730 days?
 Yes (Go to #2)
 No (Deny)
2. Is the client less than (<) 16 years of age?
 Yes (Deny)
 No (Go to #3)
3. Is the request for Restasis?
 Yes (Go to #4)
 No (Go to #5)
4. Is the client greater than or equal to (\geq) 16 years of age?
 Yes (Go to #9)
 No (Deny)
5. Is the request for Xiidra?
 Yes (Go to #6)
 No (Go to #7)
6. Is the client greater than or equal to (\geq) 17 years of age?
 Yes (Go to #9)
 No (Deny)
7. Is the request for Eysuvis or Tyrvaya?
 Yes (Go to #8)
 No (Deny)
8. Is the client greater than or equal to (\geq) 18 years of age?
 Yes (Go to #9)
 No (Deny)
9. Is the requested quantity less than or equal to the **recommended dosing guidelines**?
 Yes (Approve – 365 days)
 No (Deny)



Immunomodulator Agents for Dry Eye

Clinical Criteria Logic Diagram





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Clinical Criteria Supporting Tables

Step 1 (diagnosis of dry eye syndrome or keratoconjunctivitis sicca) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-10 Code	Description
H04121	DRY EYE SYNDROME OF RIGHT LACRIMAL GLAND
H04122	DRY EYE SYNDROME OF LEFT LACRIMAL GLAND
H04123	DRY EYE SYNDROME BILATERAL LACRIMAL GLANDS
H04129	DRY EYE SYNDROME UNSPECIFIED LACRIMAL GLAND
H16221	KERATOCONJUNCTIVITIS SICCA, NOT SPECIFIED AS SJÖGREN'S RIGHT EYE
H16222	KERATOCONJUNCTIVITIS SICCA, NOT SPECIFIED AS SJÖGREN'S LEFT EYE
H16223	KERATOCONJUNCTIVITIS SICCA, NOT SPECIFIED AS SJÖGREN'S BILATERAL
H16229	KERATOCONJUNCTIVITIS SICCA, NOT SPECIFIED AS SJÖGREN'S UNSPECIFIED EYE
M3501	SICCA SYNDROME WITH KERATOCONJUNCTIVITIS

Step 9 Dosing Guidelines	
Label Name	Recommended Dose
Restasis or Xiidra	60 vials per 30 days
Eysuvis	8.3 mL per 14 days
Restasis multidose bottle	5.5 mL per 30 days
Tyrvaya	2 spray bottles (60 sprays per bottle) per 30 days



Immunomodulator Agents for Dry Eye

Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2021. Available at www.clinicalpharmacology.com. Accessed on September 28, 2021.
2. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on September 28, 2021.
3. Restasis Prescribing Information. Irvine, CA. Allergan. July 2017.
4. Xiidra (lifitegrast) Prescribing Information. Lexington, MA: Shire US; December 2017.
5. Eysuvis (loteprednol) [prescribing information]. Watertown, MA; Kala Pharmaceuticals, Inc: October 2020.
6. Shtein RM. Dry Eye Disease. UpToDate. Accessed September 28, 2021.
7. Tyrvaya Prescribing Information. Princeton, NJ. Oyster Point Pharma Inc. October 2021.

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.

Publication Date	Notes
04/24/2020	<ul style="list-style-type: none">Initial publication and presentation to the DUR Board
05/26/2020	<ul style="list-style-type: none">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
06/30/2020	<ul style="list-style-type: none">Corrected ages on logic diagram
07/19/2021	<ul style="list-style-type: none">Added GCN for Eysuvis (48834) to drug table
11/11/2021	<ul style="list-style-type: none">Annual review by staffRemoved GCN for Cequa (45144) from drug table – not currently on formularyUpdated dosing tableUpdated references
04/28/2022	<ul style="list-style-type: none">Added criteria for Tyrvaya as approved by the DUR Board