Clinical Policy Title:	varenicline
Policy Number:	RxA.707
Drug(s) Applied:	Tyrvaya™
Original Policy Date:	12/07/2021
Last Review Date:	03/01/2024
Line of Business Policy Applies to:	All Line of Business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Dry eye disease (must meet all)**:**

1. Diagnosis of DED (Dry eye disease);
2. Trial and failure of Restasis® AND Xiidra®, unless contraindicated or clinically significant adverse effects are experienced;

Prescribed by or in consultation with an ophthalmologist;

Approval Duration

Commercial: 12 months

Medicaid: 12 months

II. Continued Therapy Approval

A. Dry eye disease (must meet all)**:**

1. Member is currently receiving or has been treated with this medication within the past 90 days, excluding manufacturer samples.

Approval Duration

All Lines of Business (except Medicare): 12 months

References

1. American Academy of Ophthalmology Cornea/External Disease Committee. Preferred Practice Pattern® Guidelines. Dry Eye Syndrome. Chicago, IL: American Academy of Ophthalmology; November 2018. Available at: www.aao.org/ppp. Accessed September 5, 2022.

Review/Revision History	Review/Revision Date	P&T Approval Date

Policy established.	10/26/2021	12/07/2021
Policy was reviewed: 1. Continued Therapy Approval Criteria II.A.1 was rephrased to "Member is currently receiving medication that has been authorized by RxAdvance...". 2. References were reviewed and updated.	9/5/2022	10/19/2022
Policy was reviewed.	10/19/2023	10/19/2023
Policy was reviewed 1. Removed age and dosing restriction 2. Updated approval duration from 1 month to 12 months 3. Removed T/F of OTC lubricants 4. Changed from SSE to DSE	3/1/2024	2/28/2024