# Commercial/Healthcare Exchange PA Criteria

***Effective: December 9th 2021***

***Prior Authorization:*** Tyrvaya™

***Products Affected:*** Tyrvaya™ (varenicline nasal solution)

***Medication Description:*** Tyrvaya, a cholinergic agonist, is indicated for the treatment of the signs and symptoms of dry eye disease.[1] The American Academy of Ophthalmology (AAO) published a Preferred Practice Pattern (2018) for the treatment of dry eye syndrome.[2] Tyrvaya is not addressed in these guidelines. The AAO classifies dry eye as mild, moderate, or severe, based on signs and symptoms of the disease. Treatment recommendations for dry eye disease are listed in a four-step progression; however, specific therapies may be chosen from any category, regardless of the level of disease severity, depending on provider experience and patient preference. For mild dry eyes, education and environmental modifications, artificial tear solutions, and eyelid therapy (warm compresses and eyelid scrubs) are listed as some of the treatment options. Medications such as an ophthalmic cyclosporine product (Restasis®, Cequa™) or Xiidra® (lifitegrast ophthalmic solution) are recommended in moderate dry eye disease.

***Covered Uses:*** Tyrvaya, a cholinergic agonist, is indicated for the treatment of the signs and symptoms of dry eye disease.

***Exclusion Criteria:***

**1.** Concomitant use with an ophthalmic cyclosporine product
   A. Restasis®
   B. Cequa™ OR
   C. Xiidra® (lifitegrast ophthalmic solution).

***Required Medical Information:***

**1.** Diagnosis
**2.** Medical History
**3.** Past medications tried and failed

***Age Restriction:*** 18 years or older

***Prescriber Restriction:*** The medication is prescribed by or in consultation with an ophthalmologist or optometrist.

***Coverage Duration:*** 12 months

***Other Criteria:***

Approval Criteria:

**1.** **Dry Eye Disease (e.g., dry eye syndrome).** Approve if the patient meets the ALL of the following (A, B, C, D **AND** E):

A. Patient is 18 years or older; **AND**
B. Patient has an anesthetized Schirmer's test score ≤ 10 mm; **AND**
C. Patient has tried artificial tears **AND**
D. Patient has had an adequate trial with both Xiidra ophthalmic solution **AND** Cyclosporine (generic Restasis) **AND**
E. The medication is prescribed by or in consultation with an ophthalmologist or optometrist

***References:***


1. Tyrvaya™ nasal solution [prescribing information]. Princeton, NJ: Oyster Point Pharma; October 2021.
2. Akpek E, Amescua G, Farid M, et al. American Academy of Ophthalmology Preferred Practice Pattern Cornea and External Disease Panel. Dry Eye Syndrome Preferred Practice Pattern®. *Ophthalmology*. 2019 Jan;126(1):286-334.


***Policy Revision history***

| Rev # | Type of Change | Summary of Change | Sections Affected | Date |
|---|---|---|---|---|
| 2 | Update | Initial Criteria- removed Brand name "Restasis or Restasis Multidose" and replaced with "Cyclosporine (generic Restasis)" | Initial Criteria | 7/21/2023 |
| 1 | New Policy | New Policy | All | 12/9/2021 |