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Policy Number: C4728-A

Dry Eye Therapies

PRODUCTS AFFECTED

Cequa (cyclosporine ophthalmic emulsion), cyclosporine ophthalmic emulsion, Miebo (perfluorohexyloctane), Restasis (cyclosporine ophthalmic emulsion), Tyrvaya (varenicline), Verkazia (cyclosporine ophthalmic emulsion), Vevye (cyclosporine ophthalmic solution), Xiidra (lifitegrast)

COVERAGE POLICY

Coverage for services, procedures, medical devices, and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Keratoconjunctivitis sicca (DRY EYE), vernal keratoconjunctivitis (VKC)

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information along with state and federal requirements, benefit being administered and formulary preferencing. Coverage will be determined on a case-by-case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available.

A. KERATOCONJUNCTIVITIS SICCA (DRY EYE) [Cequa, Miebo, Restasis, Tyrvaya, Vevye, Xiidra ONLY]:
1. Documented clinical diagnosis of tear deficiency due to ocular inflammation in members with

keratoconjunctivitis sicca or dry eye syndrome or dry eye disease (also known as dry eye)
AND
2. Documentation that member currently uses artificial tears at least 4 times a day
AND
3. Documentation of trial (2 weeks per product) and failure or serious side effects to TWO different OTC and/or RX artificial tear products
AND
4. IF THIS IS A NON-FORMULARY/NON-PREFERRED PRODUCT: Documentation of trial/failure of or serious side effects to a majority (not more than 3) of the preferred formulary/PDL alternatives for the given diagnosis. Submit documentation including medication(s) tried, dates of trial(s) and reason for treatment failure(s). [DOCUMENTATION REQUIRED]

B. VERNAL KERATOCONJUNCTIVITIS [Verkazia ONLY]:
1. Documented diagnosis of vernal keratoconjunctivitis (VKC)
AND
2. Documentation member has active signs/symptoms (i.e., photophobia, itching, mucus discharge, tearing, foreign body sensation, pain)
NOTE: Treatment can be discontinued after signs and symptoms are resolved and can be reinitiated if there is a recurrence
AND
3. One of the following apply:
   i. The prescriber has provided documentation from the member's medical record stating that ALL formulary alternatives AND generic NON-formulary drugs are contraindicated, likely to be less effective, or cause an adverse reaction or other harm for the member
   MOLINA REVIEWER NOTE: The variety of currently available drugs to treat VKC include anti-histamines, mast-cell stabilizers, dual acting agents, corticosteroids and immunomodulators. Topical cyclosporine and tacrolimus can also be used.
   OR
   ii. The prescriber states that the member is currently receiving the requested medication and is at medical risk if therapy is changed

CONTINUATION OF THERAPY:
A. KERATOCONJUNCTIVITIS SICCA (DRY EYE):
1. Documentation of positive clinical response to therapy as evidenced by an improvement in symptoms of chronic eye irritation, such as eye dryness, red eyes, and burning

B. VERNAL KERATOCONJUNCTIVITIS (VKC) [Verkazia ONLY]:
1. Documentation of positive response to therapy as evidenced by improvement in signs/symptoms (i.e., photophobia, itching, mucus discharge, tearing, foreign body sensation, pain)
AND
2. Documentation member has active signs/symptoms
NOTE: Treatment can be discontinued after signs and symptoms are resolved and can be reinitiated if there is a recurrence

DURATION OF APPROVAL:
Dry Eye: Initial: 12 months, Continuation of therapy: 12 months
VKC: Initial: 6 months, Continuation of therapy: 6 months

PRESCRIBER REQUIREMENTS:
Prescribed by or in consultation with an optometrist or ophthalmologist. [If prescribed in consultation, consultation notes must be submitted with initial request and reauthorization requests]

AGE RESTRICTIONS:
Cequa (cyclosporine ophthalmic emulsion), Miebo, Tyrvaya, Vevye: 18 years of age and older

Restasis: 16 years of age and older
Verkazia (cyclosporine ophthalmic emulsion): 4 years of age and older
Xiidra (lifitegrast):17 years of age and older

QUANTITY:
Cequa (cyclosporine ophthalmic emulsion), Restasis, Xiidra (lifitegrast): up to 60 units per 30 days OR
(1) 5.5ML multi dose bottle per 30 days
Miebo: two 3mL bottles per 30 days
Tyrvaya (varenicline): Two nasal spray bottles in each carton, containing 60 sprays per bottle, equivalent to 30-days
Verkazia (cyclosporine ophthalmic emulsion): up to 120 vials per 30 days
Vevye (cyclosporine ophthalmic solution): one 2mL bottle per 50 days

PLACE OF ADMINISTRATION:
The recommendation is that ocular installation medications in this policy will be for pharmacy benefit coverage and patient self-administered.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Topical Ophthalmic, Nasal Spray

DRUG CLASS:
Ophthalmic Immunomodulators, Cholinergic Agonist, Lymphocyte Function-Associated Antigen-11 (LFA-1) Antagonist

FDA-APPROVED USES:
Cequa (cyclosporine ophthalmic emulsion) 0.09% is indicated to increase tear production in patient with keratoconjunctivitis sicca (dry eye).

Miebo (perfluorohexyloctane) is indicated for treatment of the signs and symptoms of dry eye disease

Restasis (cyclosporine ophthalmic emulsion) 0.05% is indicated to increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca.
***Increased tear production was not seen in patients currently taking topical anti-inflammatory drugs or using punctal plugs.

Tyrvaya (varenicline) is indicated for the treatment of the signs and symptoms of dry eye disease

Verkazia (cyclosporine ophthalmic emulsion) 0.1% is indicated for the treatment of vernal keratoconjunctivitis in children and adults

Vevye (cyclosporine ophthalmic solution) 0.1% is indicated for the treatme of the signs and symptoms of dry eye disease

Xiidra (lifitegrast ophthalmic solution) 5% is indicated for the treatment of the signs and symptoms of dry eye disease (DED)

COMPENDIAL APPROVED OFF-LABELED USES:
None

APPENDIX

APPENDIX:
None

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:
Restasis is a topical emulsion which contains cyclosporine, an immunosuppressive agent when administered systemically. It also has anti-inflammatory effects with some evidence suggesting that it is a disease-modifying agent rather than being a merely palliative treatment for dry eye syndrome.
Restasis is indicated to increase tear production in members whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca (KCS). Increased tear production was not seen in members currently taking topical anti-inflammatory drugs or using punctal plugs. Though its exact mechanism to alleviate ocular inflammation and to increase tear production is unknown, it is thought to act as a partial immunomodulator. The safety and efficacy of Restasis have not been established in pediatric members < 16 years of age.

Vernal keratoconjunctivitis is a chronic, bilateral, severe form of allergic inflammation. It is most common in children and young adults. Occurrence of the disease can be seasonal or year round. The disease is more common in males than females, and more prevalent in dry and hot climates of the Mediterranean, central and west Africa, the Middle East, Japan, India, and South America. The disease is usually self-limiting and resolves after puberty. No genetic predisposing factor has been identified, but the predominance by geographic region strengthens the possibility. And while no genetic analysis has been performed to confirm a relationship between VKC and a particular genotype, the constant and increased presence of eosinophils in blood, tears and conjunctival scrapings, the expression of a multitude of mediators and cytokines, as well as the predominance of CD4 cells locally suggest that VKC may be a phenotypic model of upregulation of the cytokine gene cluster on chromosome 5q. Pathophysiology is thought to be due to abundance of Th2 cytokines, upregulated expression of their receptors and conspicuous scarcity of T helper cell type 1 (Th1) cytokines in tear and serum of VKC patients. VKC presents with pruritus, hyperaemia, photophobia and watering. It occurs bilaterally in most (98%) patients. Thick mucus hyper-secretion is also characteristic. Photophobia, pain and foreign body sensation are seen when there is involvement of the cornea. Management involves avoiding triggering factors like the sun, wind, and salt water as well as pharmacological therapy. The variety of currently available drugs to treat VKC include anti-histamines, mast-cell stabilizers, dual acting agents, corticosteroids and immunomodulators. Topical cyclosporine and tacrolimus can also be used. Topical cyclosporine 2% emulsion improved signs and symptoms of VKC in two small, randomized trials and observational studies. Both randomized trials demonstrated a significant improvement in symptoms (eg, itching, tearing, mucus discharge) and signs (papillary hypertrophy, conjunctival hyperemia, Horner-Trantas dots) compared with placebo. However, 4 of 24 patients in one of the trials required a brief course of topical corticosteroids during the four-month study period. In one study, topical cyclosporine 0.1% was less effective than topical dexamethasone 0.15% for acute flare ups, with less improvement in symptoms and signs and a greater number of patients requiring rescue therapy with topical dexamethasone [58]. In two subsequent randomized trials, topical cyclosporine emulsion 0.1% four times daily was more effective than cyclosporine emulsion 0.1% twice daily, cyclosporine emulsion 0.05% four times daily, and placebo for both corneal fluorescein staining and itching.

Miebo (perfluorohexyloctane ophthalmic solution) was approved in May 2023 and is the first product for dry eye disease that addresses tear evaporation. Miebo stabilizes the tear film and prevents rapid tear evaporation in patients with meibomian gland dysfunction (MGD). MGD occurs in up to 86% of cases of DED. The approval was based on the results of two Phase 3 clinical trials (GOBI and MOJAVE), which included a combined total of 1217 patients with DED and clinical signs of MGD. In these trials, Miebo consistently met the primary endpoints of total corneal fluorescein staining (tCFS) and eye dryness score

(EDS). Key secondary clinical signs and symptom endpoints were also met in the trials. Safety and adverse events associated with Miebo were comparable to those in the vehicle groups.

The 2023 AAO practice pattern for dry eye syndrome notes that none of the FDA approved treatments for dry eye syndrome have been proven more effective than another in head to head trials. Step wise approach to dry eye syndrome includes step 1 education, environment modification, and ocular lubricants. Step 2 includes prescription drugs to manage dry eye disease.

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:
All other uses of Restasis, Cequa (cyclosporine ophthalmic emulsion), Xiidra (lifitegrast), Tyrvaya (varenicline), Verkazia (cyclosporine ophthalmic emulsion), Miebo (perfluorohexyloctane), Vevye (cyclosporine ophthalmic solution) are considered experimental/investigational and therefore, will follow Molina's Off- Label policy. If a Member has a current ocular infection, Restasis, Cequa (cyclosporine ophthalmic emulsion) or Xiidra (lifitegrast) are contraindicated. There are no labeled contraindications to Miebo, Tyrvaya, Vevye or Verkazia.

OTHER SPECIAL CONSIDERATIONS:
None

CODING/BILLING INFORMATION

CODING DISCLAIMER. *Codes listed in this policy are for reference purposes only and may not be all-inclusive or applicable for every state or line of business. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does not guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry-standard coding practices for all submissions. Molina has the right to reject/deny the claim and recover claim payment(s) if it is determined it is not billed appropriately or not a covered benefit. Molina reserves the right to revise this policy as needed.*

HCPCS CODE	DESCRIPTION
NA	

AVAILABLE DOSAGE FORMS:
Cequa SOLN 0.09%
cycloSPORINE EMUL 0.05%
Klarity-C Drops EMUL 0.1%
Miebo SOLN 1.338GM/ML
Restasis EMUL 0.05%
Restasis MultiDose EMUL 0.05%
Tyrvaya SOLN 0.03MG/ACT
Verkazia EMUL 0.1%
Vevye SOLN 0.1%
Xiidra SOLN 5%

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SUMMARY OF REVIEW/REVISIONS	DATE
REVISION- Notable revisions: Coding/Billing Information Template Update	Q4 2024
REVISION- Notable revisions: Products Affected Age Restrictions Quantity Drug Class FDA-Approved Uses Background Contraindications/Exclusions/Discontinuation Available Dosage Forms References	Q4 2023
REVISION- Notable revisions: Products Affected Diagnosis Required Medical Information Continuation of Therapy Duration of Approval Age Restrictions FDA-Approved Uses Background Contraindications/Exclusions/Discontinuation Available Dosage Forms References	Q3 2022
Q2 2022 Established tracking in new format	Historical changes on file