



Pharmacy Medical Policy

Topical Ocular Hydrating Agents

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Policy Number: 426

BCBSA Reference Number: None

Related Policies

- Quality Care Dosing guidelines apply to the following medications and can be found in Medical Policy #621

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Note: All requests for outpatient retail pharmacy for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Clinical Pharmacy Operations by completing the Prior Authorization Form on the last page of this document. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally. Physicians may also submit requests for retail pharmacy exceptions via the web using Express PAtH which can be found on the BCBSMA provider website or directly on the web at <https://provider.express-path.com>. Patients must have pharmacy benefits under their subscriber certificates.

Please refer to the chart below for the formulary and step status of the medications affected by this policy.

Drug	Formulary Information
	Standard
	Formulary Status
Cequa™ (cyclosporine)	PA Required
Restasis® (cyclosporine)	PA Required
Xiidra™ (lifitegrast)	PA Required

We may cover Restasis® (cyclosporine, ophthalmic) or Cequa™ (cyclosporine, ophthalmic) for the short-term treatment of suppressed tear production due to keratoconjunctivitis sicca-associated ocular inflammation when **all the following criteria are met^{1,4}:**

- Age 16 years of age or older,
- AND**
- Previous treatment failure with or a contraindication to:
 - Non-prescription (over-the counter (OTC)) artificial tear substitutes and or gels/ointments
- AND**
- Member has a definite diagnosis of moderate or severe keratoconjunctivitis sicca,
- AND**
- Prescribed by a board certified ophthalmologist or board eligible ophthalmologist.
- OR**

- Prescribed by a board certified optometrist or board eligible optometrist.

We may cover Xiidra™ (lifitegrast, ophthalmic) for the treatment of the signs and symptoms of dry eye disease (DED) when **all** the following criteria are met:

- Age 16 years of age or older,

AND

- Previous treatment failure with or a contraindication to:
 - Non-prescription (over-the counter (OTC)) artificial tear substitutes and or gels/ointments

AND

- Member has a definite diagnosis of moderate or severe dry eye disease (DED),

AND

- Prescribed by a board certified ophthalmologist or board eligible ophthalmologist.

OR

- Prescribed by a board certified optometrist or board eligible optometrist.

**Requests based exclusively on the use of samples will not meet coverage criteria for exception. Additional clinical information demonstrating medical necessity of the desired medication must be submitted by the requesting prescriber for review.

We do not cover Restasis® (cyclosporine, ophthalmic) for other conditions not listed above.

Individual Consideration

All our medical policies are written for the majority of people with a given condition. Each policy is based on medical science. For many of our medical policies, each individual's unique clinical circumstances may be considered in light of current scientific literature. Physicians may send relevant clinical information for individual patients for consideration to:

Blue Cross Blue Shield of Massachusetts
 Pharmacy Operations Department
 25 Technology Place
 Hingham, MA 02043
 Tel: 1-800-366-7778
 Fax: 1-800-583-6289

Managed Care Authorization Information

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization.
 Pharmacy Operations: (800)366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients.
- Physicians may also submit requests for retail pharmacy exceptions via the web using Express PATH which can be found on the BCBSMA provider website or directly on the web at <https://provider.express-path.com>

PPO and Indemnity Authorization Information

- Physicians may call BCBSMA Pharmacy Operations department to request a review for prior authorization.
 Pharmacy Operations: (800)366-7778
- Physicians may also fax or mail the attached form to the address above. The Formulary Exception/Prior Authorization form is included as part of this document for physicians to submit for patients.
- Physicians may also submit requests for retail pharmacy exceptions via the web using Express PATH which can be found on the BCBSMA provider website or directly on the web at <https://provider.express-path.com>

Policy History

Date	Action
2/2019	Updated to add Cequa to the policy.
6/2017	Updated address for Pharmacy Operations.
11/2016	Updated to add Xiidra™ to the policy.
7/2014	Updated policy to include prior use of over the counter preparations, requiring a diagnosis of moderate or severe keratoconjunctivitis sicca, and requiring prescription by a

	board/eligible ophthalmologist or board/eligible optometrist. Also to remove Blue Value from policy.
8/2013	Reviewed and updated drug sample exclusion language.
1/2013	New policy effective 1/1/13.

References

1. American Academy of Ophthalmology Corneal/External Disease Panel. Preferred Practice Pattern® Guidelines. Dry Eye Syndrome –Limited Revision. San Francisco, CA:American Academy of Ophthalmology; 2011.
2. American Academy of Ophthalmology/External Disease Panel. Preferred Practice Pattern® Guidelines. Dry Eye Syndrome. San Francisco, CA; American Academy of Ophthalmology; 2013.
3. Gumas, K. et al, The role of inflammation and anti-inflammation therapies in keratoconjunctivitis sicca. Clinical Ophthalmology 2009;3 57–67
4. Restasis® [package insert]. Irvine, CA: Allergan, Inc.: 2010.
5. Xiidra™ [package insert]. Lexington, MA: Shire US, Inc.: 2016.
6. Cequa™ [package insert]. Cranbury, NJ: Sun Pharmaceutical Industries, Inc.: Aug 2018.

To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below:

http://www.bluecrossma.com/common/en_US/medical_policies/023%20E%20Form%20medication%20prior%20auth%20instruction%20prn.pdf