

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Varenicline nasal spray (Tyrvaya)

Notes:

- Quantity Limits: Yes

Initiation (new start) criteria: Non-formulary **varenicline 0.03 mg nasal spray (Tyrvaya)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of dry eye disease
- Patient has failed an adequate trial of OTC eye drops AND cyclosporine 0.05% eye drops or patient has an allergy or intolerance* to OTC eye drops AND cyclosporine 0.05% eye drops OR cyclosporine 0.09% drops

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary **varenicline 0.03 mg nasal spray (Tyrvaya)** will be covered on the prescription drug benefit for when the following criteria are met:

- Patient has a diagnosis of dry eye disease
- Patient has failed an adequate trial of OTC eye drops AND cyclosporine 0.05% eye drops or patient has an allergy or intolerance* to OTC eye drops AND cyclosporine 0.05% eye drops OR cyclosporine 0.09% drops

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **varenicline 0.03 mg nasal spray (Tyrvaya)** will be covered on the prescription drug benefit for when the following criteria are met:

- Patient has a diagnosis of dry eye disease
- Patient has failed an adequate trial of OTC eye drops AND cyclosporine 0.05% eye drops or patient has an allergy or intolerance* to OTC eye drops AND cyclosporine 0.05% eye drops OR cyclosporine 0.09% drops

