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

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