STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

PERFLUOROHEXYLOCTANE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
PERFLUOROHEXYLOCTANE/PF	MIEBO	45391		GPI-10 (8680701800)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of dry eye disease (DED) and meet **ALL** of the following criteria?
   - The patient is 18 years of age or older
   - Therapy is prescribed by or in consultation with an ophthalmologist or optometrist
   - The patient has at least one positive diagnostic test (e.g., tear breakup time, tear film osmolarity, ocular surfacing staining, Schirmer test, etc.)
   - The patient had a trial of or contraindication to ONE ocular lubricant (e.g., carboxymethylcellulose [Refresh, Celluvisc, TheraTears, etc.], polyvinyl alcohol [LiquiTears, Refresh Classic, etc.], or wetting agent [Systane, Lacri-Lube, etc.])
   - The patient had a trial of or contraindication to BOTH of the following preferred agents: Restasis (cyclosporine ophthalmic emulsion) AND Xiidra (lifitegrast ophthalmic solution)

   If yes, **approve for 6 months by HICL or GPI-10 with a quantity limit of #0.43 mL per day.** If no, do not approve.

   INITIAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **PERFLUOROHEXYLOCTANE (MIEBO)** requires the following rule(s) be met for approval:
   A. You have dry eye disease
   B. You are 18 years of age or older
   C. Therapy is prescribed by or in consultation with an ophthalmologist or optometrist (types of eye doctor)
   D. You have at least one positive diagnostic test (such as tear breakup time, tear film osmolarity, ocular surfacing staining, Schirmer test)
   E. You had a trial of or contraindication (harmful for) to ONE ocular lubricant (such as carboxymethylcellulose [Refresh, Celluvisc, TheraTears], polyvinyl alcohol [LiquiTears, Refresh Classic], or wetting agent [Systane, Lacri-Lube])
   F. You had a trial of or contraindication to (harmful for) BOTH of the following preferred medications: Restasis (cyclosporine eye drop) AND Xiidra (lifitegrast eye drop)

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

CONTINUED ON NEXT PAGE

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PERFLUOROHEXYLOCTANE

RENEWAL CRITERIA

1. Does the patient have a diagnosis of dry eye disease (DED) **AND** meet the following criterion?
   - The patient has demonstrated improvement of dry eye disease

   If yes, **approve for 12 months by HICL or GPI-10 with a quantity limit of #0.43 mL per day.** If no, do not approve.
   RENEWAL DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **PERFLUOROHEXYLOCTANE (MIEBO)** requires the following rule(s) be met for renewal:
   A. You have dry eye disease
   B. You have demonstrated improvement of dry eye disease

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Miebo.

REFERENCES

- Miebo [Prescribing Information]. Bridgewater, NJ: Bausch & Lomb Americas Inc.; May 2023.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 08/01/23
Created: 06/23
Client Approval: 06/23
P&T Approval: 04/23