STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

VARENICLINE

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
VARENICLINE TARTRATE	TYRVAYA		51384	GPI-10 (8628008020)	

GUIDELINES FOR USE

INITIAL CRITERIA (NOTE: FOR RENEWAL CRITERIA SEE BELOW)

1. Does the patient have a diagnosis of dry eye disease 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, Thera Tears, Genteal, etc.], polyvinyl alcohol [Liquitears, Refresh Classic, etc.], or wetting agents [Systane, Lacrilube, etc.])
   - The patient had a trial of or contraindication to BOTH of the following preferred agents: Restasis (cyclosporine) AND Xiidra (lifitegrast)

   If yes, **approve for 3 months by GPID or GPI-10 with a quantity limit of #8.4 mL per 30 days.**
   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 **VARENICLINE (Tyrvaya)** 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 to (harmful for) to ONE ocular lubricant (such as carboxymethylcellulose [Refresh, Celluvisc, Thera Tears, Genteal, etc.], polyvinyl alcohol [Liquitears, Refresh Classic], or wetting agents [Systane, Lacrilube])
   F. You had a trial of or contraindication to (harmful for) BOTH of the following preferred agents: Restasis (cyclosporine) AND Xiidra (lifitegrast)

   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.

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VARENICLINE

GUIDELINES FOR USE (CONTINUED)

RENEWAL CRITERIA

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

   If yes, **approve for 12 months by GPID or GPI-10 with a quantity limit of #8.4 mL per 30 days.**
   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 **VARENICLINE (Tyrvaya)** 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 Tyrvaya.

REFERENCES

- Tyrvaya [Prescribing Information]. Princeton, NJ: Oyster Point Pharma, Inc., October 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A
Commercial Effective: 07/01/23
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