

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Xiidra under the patient's prescription drug benefit.

Description:

Xiidra (lifitegrast ophthalmic solution) 5% is indicated for the treatment of the signs and symptoms of dry eye disease (DED)

Applicable Drug List:

Non-Formulary: Xiidra

Policy/Guideline:

The requested drug will be covered with prior authorization when the following criteria are met:

• The request is <u>not</u> for continuation of therapy

AND

• The requested drug is being prescribed for dry eye disease

AND

 The patient has experienced an inadequate treatment response to an artificial tears product

OR

- The patient has experienced an intolerance to an artificial tears product OR
- The patient has a contraindication that would prohibit a trial of an artificial tears product

OR

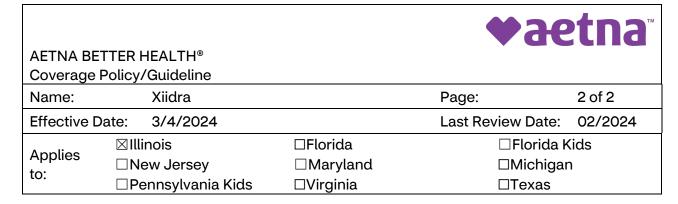
• The request is for continuation of therapy

AND

• The requested drug is being prescribed for dry eye disease

AND

• The patient achieved or maintained improvement in their signs and symptoms of dry eye disease from baseline, (e.g., ocular irritation, redness, mucous discharge, reduced visual function, ocular surface damage, reduced tear production)



Approval Duration and Quantity Restrictions:

Initial and Renewal Approval: 12 months

Quantity Level Limit: 60 containers (1 carton) per month

References:

- 1. Xiidra [package insert]. East Hanover, NJ: Novartis Pharmaceuticals Corporation; June 2020.
- 2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. https://online.lexi.com. Accessed August 4, 2023.
- 3. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: https://www.micromedexsolutions.com/ (cited: 08/04/2023).
- 4. Akpek EK, Amescua G, Farid M, et al. Dry Eye Syndrome Preferred Practice Pattern. Ophthalmology. 2019;126(1):P286-P334.