



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Tyrvaya

Page: 1 of 2

Effective Date: 3/4/2024

Last Review Date: 02/2024

Applies to:	<input type="checkbox"/> Illinois	<input type="checkbox"/> Florida	<input checked="" type="checkbox"/> Florida Kids
	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Maryland	<input type="checkbox"/> Michigan
	<input checked="" type="checkbox"/> Pennsylvania Kids	<input type="checkbox"/> Virginia	<input type="checkbox"/> Texas

Intent:

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

Description:

Tyvaya (varenicline solution) nasal spray is indicated for the treatment of the signs and symptoms of dry eye disease.

Applicable Drug List:

Non-Formulary: Tyrvaya

Policy/Guideline:

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

- The request is not 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
AND
- The patient is unable to take cyclosporine ophthalmic emulsion for the given diagnosis due to a trial and inadequate treatment response or intolerance, or a contraindication
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)



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Approval Duration and Quantity Restrictions:

Approval: 12 months

Quantity Level Limit: 2 nasal spray bottles (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.