



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Xiidra

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Effective Date: 3/4/2024

Last Review Date: 02/2024

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

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.