

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class

Immunomodulator Agents for Dry Eye

This criteria was recommended for review by a MCO to ensure appropriate and safe utilization.

Clinical Criteria Information included in this Document

- [Drugs requiring prior authorization](#): the list of drugs requiring prior authorization for this clinical criteria
- [Prior authorization criteria logic](#): a description of how the prior authorization request will be evaluated against the clinical criteria rules
- [Logic diagram](#): a visual depiction of the clinical criteria logic
- [Supporting tables](#): a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- [References](#): clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Annual review by staff

Added GCN for Verkazia (46848) to the Drugs Requiring PA table

Updated question 2 to say, "Is the client less than (<) 4 years of age?"

Updated references

**Immunomodulator Agents for Dry Eye****Drugs Requiring Prior Authorization**

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

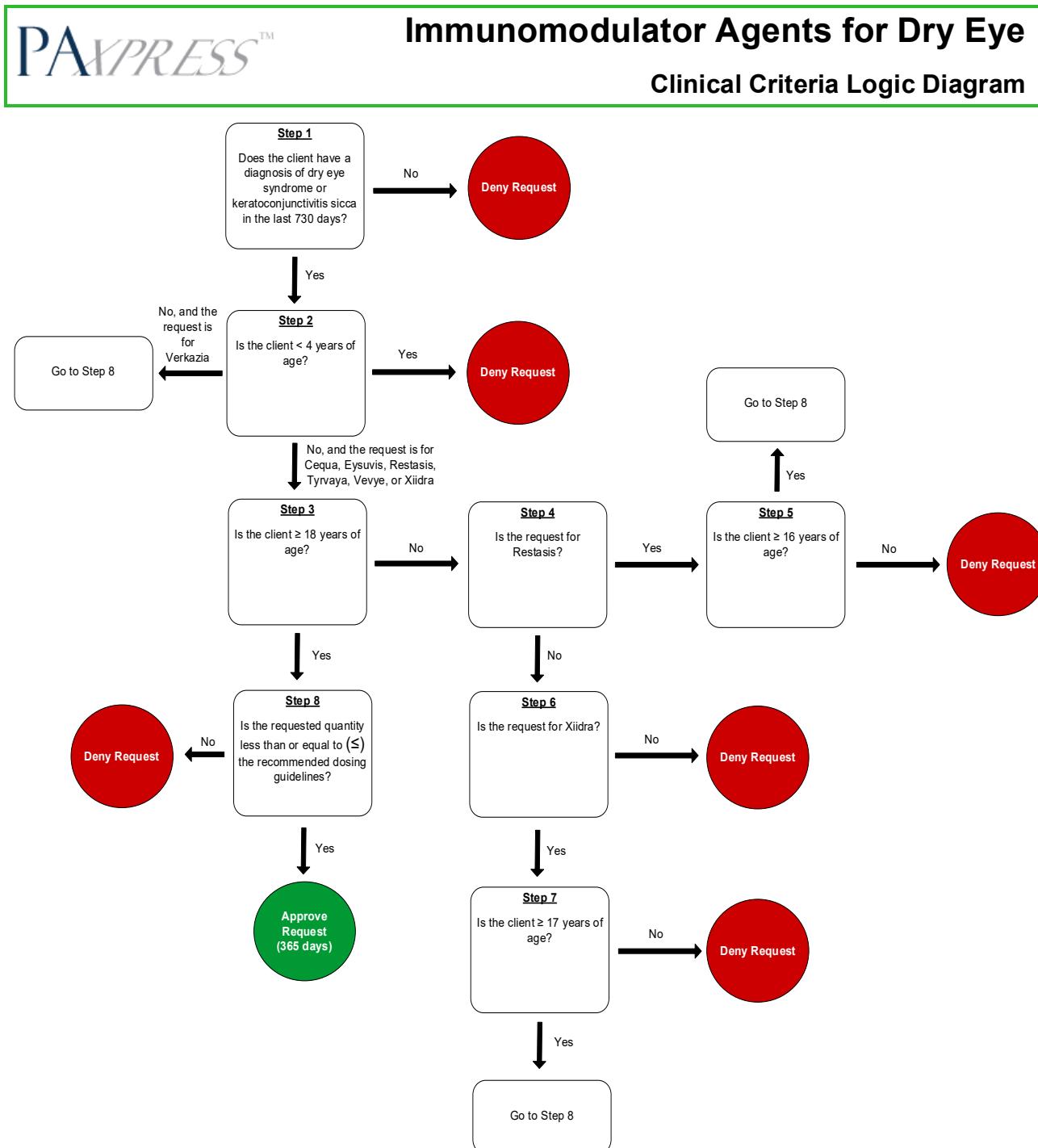
Drugs Requiring Prior Authorization	
Label Name	GCN
CEQUA 0.09% SOLUTION	45144
EYSUVIS 0.25% EYE DROPS	48834
RESTASIS 0.05% EYE EMULSION	19216
RESTASIS MULTIDOSE 0.05%	42588
TYRVAYA 0.03 MG NASAL SPRAY	51384
VERKAZIA 0.1% EYE EMULSION	46848
VEVYE 0.1% EYE DROP	54237
XIIDRA 5% EYE DROPS	41847



Immunomodulator Agents for Dry Eye

Clinical Criteria Logic

1. Does the client have a [diagnosis of dry eye syndrome or keratoconjunctivitis sicca](#) in the last 730 days?
[] Yes – Go to #2
[] No – Deny
2. Is the client less than (<) 4 years of age?
[] Yes – Deny
[] No (And the request is for Verkazia) – Go to #8
[] No (And the request is for Cequa, Eysuvis, Restasis, Tyrvaya, Vevye, or Xiidra) – Go to #3
3. Is the client greater than or equal to (\geq) 18 years of age?
[] Yes – Go to #8
[] No – Go to #4
4. Is the request for Restasis?
[] Yes – Go to #5
[] No – Go to #6
5. Is the client greater than or equal to (\geq) 16 years of age?
[] Yes – Go to #8
[] No – Deny
6. Is the request for Xiidra?
[] Yes – Go to #7
[] No – Deny
7. Is the client greater than or equal to (\geq) 17 years of age?
[] Yes – Go to #8
[] No – Deny
8. Is the requested quantity less than or equal to (\leq) the [recommended dosing guidelines](#)?
[] Yes – Approve (365 days)
[] No – Deny





Immunomodulator Agents for Dry Eye

Clinical Criteria Supporting Tables

Table 1 (diagnosis of dry eye syndrome or keratoconjunctivitis sicca)

Required diagnosis: 1

Look back timeframe: 730 days

ICD-10 Code	Description
H04121	DRY EYE SYNDROME OF RIGHT LACRIMAL GLAND
H04122	DRY EYE SYNDROME OF LEFT LACRIMAL GLAND
H04123	DRY EYE SYNDROME BILATERAL LACRIMAL GLANDS
H04129	DRY EYE SYNDROME UNSPECIFIED LACRIMAL GLAND
H16221	KERATOCONJUNCTIVITIS SICCA, NOT SPECIFIED AS SJÖGREN'S RIGHT EYE
H16222	KERATOCONJUNCTIVITIS SICCA, NOT SPECIFIED AS SJÖGREN'S LEFT EYE
H16223	KERATOCONJUNCTIVITIS SICCA, NOT SPECIFIED AS SJÖGREN'S BILATERAL
H16229	KERATOCONJUNCTIVITIS SICCA, NOT SPECIFIED AS SJÖGREN'S UNSPECIFIED EYE
M3501	SICCA SYNDROME WITH KERATOCONJUNCTIVITIS

Table 8
Dosing Guidelines

Label Name	Recommended Dose
Cequa, Restasis, or Xiidra	60 vials per 30 days
Eysuvis	8.3 mL per 14 days
Restasis multidose bottle	5.5 mL per 30 days
Tyrvaya	2 spray bottles (60 sprays per bottle) per 30 days
Xiidra	60 single-use containers per 30 days

Table 8
Dosing Guidelines

Label Name	Recommended Dose
Verkazia	120 single-use vials per 30 days
Vevye	6 mL per 30 days



Immunomodulator Agents for Dry Eye

Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2025. Available at www.clinicalpharmacology.com. Accessed on July 15, 2025.
2. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on July 15, 2025.
3. 2025 ICD-10-CM Diagnosis Codes. 2025. Available at www.icd10data.com. Accessed on August 3, 2025.
4. Restasis Prescribing Information. North Chicago, IL. Abbvie Inc. August 2025.
5. Xiidra Prescribing Information. Bridgewater, NJ. Bausch & Lomb Americas Inc. December 2023.
6. Eysuvis Prescribing Information. Fort Worth, TX. Alcon Laboratories, Inc. November 2023.
7. Tyrvaya Prescribing Information. Princeton, NJ. Oyster Point Pharma, Inc. February 2024.
8. Cequa Prescribing Information. Cranbury, NJ. Sun Pharmaceutical Industries, Inc. July 2022.
9. Shtein RM. Dry Eye Disease. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. June 2025. Accessed July 15, 2025.
10. Vevye Prescribing Information. Nashville, TN. Harrow Eye, LLC. September 2025.
11. Verkazia Prescribing Information. Emeryville, CA. Santen Inc. June 2022.



Immunomodulator Agents for Dry Eye

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the [Revision Notes](#) on the first page of this document.

Publication Date	Notes
04/24/2020	<ul style="list-style-type: none">Initial publication and presentation to the DUR Board
05/26/2020	<ul style="list-style-type: none">Based on the recommendation of the DUR Board, question 2 in criteria logic and logic diagram changed to note that a specialist will only be required with initial prescribing of these medications
06/30/2020	<ul style="list-style-type: none">Corrected ages on logic diagram
07/19/2021	<ul style="list-style-type: none">Added GCN for Eysuvis (48834) to drug table
11/11/2021	<ul style="list-style-type: none">Annual review by staffRemoved GCN for Cequa (45144) from drug table – not currently on formularyUpdated dosing tableUpdated references
04/28/2022	<ul style="list-style-type: none">Added criteria for Tyrvaya as approved by the DUR Board
02/15/2024	<ul style="list-style-type: none">Annual review by staffAdded dosing information for XiidraUpdated references
03/11/2024	<ul style="list-style-type: none">Added GCN for Vevye (54237) to PA drug table
01/17/2025	<ul style="list-style-type: none">Annual review by staffAdded GCN for Cequa (45144) to the “Drugs Requiring Prior Authorization” tableUpdated references
08/29/2025	<ul style="list-style-type: none">Annual review by staffAdded GCN for Verkazia (46848) to the Drugs Requiring PA tableUpdated question 2 to say, “Is the client less than (<) 4 years of age?”Updated references