

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](https://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

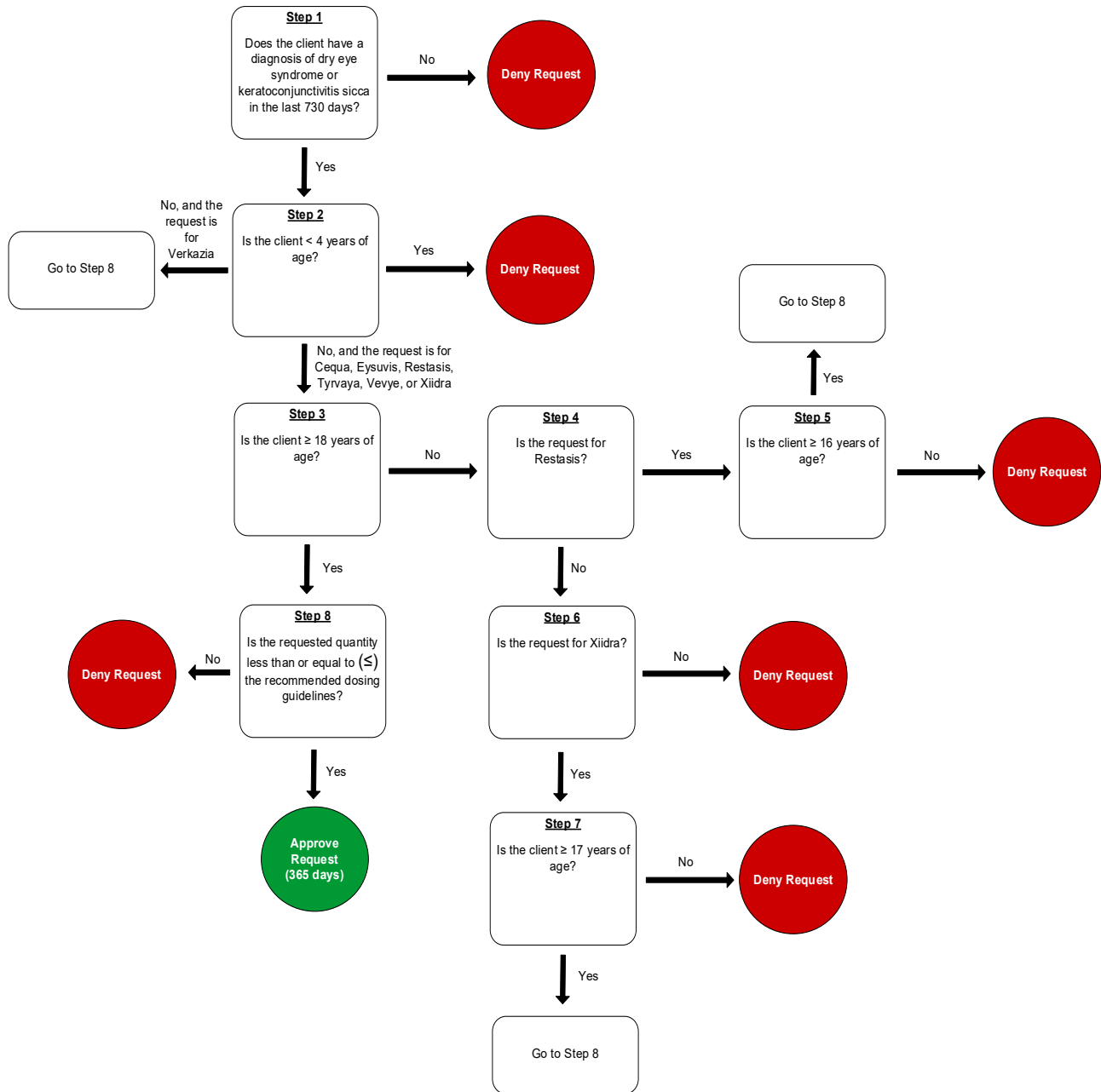
### Clinical Criteria Logic

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 Logic Diagram





## 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](http://www.clinicalpharmacology.com). Accessed on July 15, 2025.
2. Micromedex [online database]. Available at [www.micromedexsolutions.com](http://www.micromedexsolutions.com). Accessed on July 15, 2025.
3. 2025 ICD-10-CM Diagnosis Codes. 2025. Available at [www.icd10data.com](http://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"> <li>Initial publication and presentation to the DUR Board</li> </ul>
05/26/2020	<ul style="list-style-type: none"> <li>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</li> </ul>
06/30/2020	<ul style="list-style-type: none"> <li>Corrected ages on logic diagram</li> </ul>
07/19/2021	<ul style="list-style-type: none"> <li>Added GCN for Eysuvis (48834) to drug table</li> </ul>
11/11/2021	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Removed GCN for Cequa (45144) from drug table – not currently on formulary</li> <li>Updated dosing table</li> <li>Updated references</li> </ul>
04/28/2022	<ul style="list-style-type: none"> <li>Added criteria for Tyrvaya as approved by the DUR Board</li> </ul>
02/15/2024	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Added dosing information for Xiidra</li> <li>Updated references</li> </ul>
03/11/2024	<ul style="list-style-type: none"> <li>Added GCN for Vevye (54237) to PA drug table</li> </ul>
01/17/2025	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Added GCN for Cequa (45144) to the “Drugs Requiring Prior Authorization” table</li> <li>Updated references</li> </ul>
08/29/2025	<ul style="list-style-type: none"> <li>Annual review by staff</li> <li>Added GCN for Verkazia (46848) to the Drugs Requiring PA table</li> <li>Updated question 2 to say, “Is the client less than (&lt;) 4 years of age?”</li> <li>Updated references</li> </ul>