

varenicline solution (TYRVAYA)

Diagnoses Considered for Coverage:

- Dry Eye Disease

Coverage Criteria:

1. For diagnosis of dry eye disease (DED), approve if:

- Dose does not exceed 8.4 ml (2 bottles) per 30 days, **and**
- Inadequate response, intolerable side effect, or contraindication to BSC preferred agents (e.g. Restasis, Xiidra).

Coverage Duration: one year

Effective Date: 8/2/2023