

**TYRVAYA
(varenicline solution)**

Pre - PA Allowance

None

Prior-Approval Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

1. Dry eye disease
 - a. Inadequate treatment response, intolerance, or contraindication to a legend ophthalmic for the treatment of dry eyes (see Appendix 1)
 - b. **NO** dual therapy with another legend ophthalmic for the treatment of dry eyes (see Appendix 1)

Prior - Approval Limits

Quantity 6 nasal spray bottles per 90 days

Duration 12 months

Prior – Approval *Renewal* Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

1. Dry eye disease
 - a. Patient has had an improvement in symptoms
 - b. **NO** dual therapy with another legend ophthalmic for the treatment of dry eyes (see Appendix 1)

Prior - Approval *Renewal* Limits

Same as above



**BlueCross
BlueShield**

Federal Employee Program.

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Appendix 1 - List of Legend Ophthalmic Medications for Dry Eye

Generic Name	Brand Name
cyclosporine	Cequa
cyclosporine	Restasis
cyclosporine	Vevye
lifitegrast	Xiidra
loteprednol	Eysuvis
perfluorohexyloctane	Miebo
varenicline	Tyrvaya

*Verkazia is not approved for dry eye