



Federal Employee Program.

**XIIDRA**  
(lifitegrast ophthalmic solution)

## Pre - PA Allowance

None

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## Prior-Approval Requirements

**Age** 17 years of age and older

### Diagnosis

Patient must have the following:

1. Chronic dry eye or decreased tear production
  - a. **NO** dual therapy with another legend ophthalmic for the treatment of dry eyes (see Appendix 1)

## Prior - Approval Limits

**Quantity** 180 single use vials every 90 days

**Duration** 12 months

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## Prior – Approval *Renewal* Requirements

**Age** 17 years of age and older

### Diagnosis

Patient must have the following:

1. Chronic dry eye or decreased tear production
  - 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

**XIIDRA**  
(lifitegrast ophthalmic solution)**Appendix 1 - List of Legend Ophthalmic Medications for Dry Eye**

<b>Generic Name</b>	<b>Brand Name</b>
cyclosporine	Cequa
cyclosporine	Restasis
cyclosporine	Vevye
lifitegrast	Xiidra
loteprednol	Eysuvis
perfluorohexyloctane	Miebo
varenicline	Tyrvaya

\*Verkazia is not approved for dry eye