Mass General Brigham
Health Plan

Miebo (perfluorohexyloctane ophthalmic solution)
Effective 11/01/2025

Plan	☐ MassHealth UPPL ☒ Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Miebo (perfluorohexyloctane ophthalmic solution) is a semifluorinated alkane indicated for the treatment of the signs and symptoms of dry eye disease (DED).

Coverage Guidelines
Authorization may be granted for members new to the plan within the past 90 days who are currently receiving treatment with the requested medication, excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted when all of the following criteria are met:

1. Member has a diagnosis of dry eye disease
2. Member has inadequate response, intolerance, or contraindication to artificial tears product
3. Member has inadequate response, intolerance, or contraindication to Restasis (brand)

Continuation of Therapy
Requests for reauthorization will be approved when all of the following criteria are met:

1. Member has had an improvement in signs and symptoms of dry eye disease from baseline (e.g., ocular irritation, redness, mucous discharge, reduced visual function, ocular surface damage, reduced tear production).

Limitations

1. Initial approvals and reauthorizations will be granted for 12 months

References

1. Akpek EK, Amescua G, Farid M, et al. Dry Eye Syndrome Preferred Practice Pattern. Ophthalmology. 2019;126(1):P286-P334.
2. Miebo (perfluorohexyloctane ophthalmic solution) [prescribing information]. Bridgewater, NJ: Bausch & Lomb Americas Inc.; May 2023.

Review History
10/11/2023 - Reviewed at Sept P&T, Effective 12/1/2023
08/13/2025 – Reviewed and updated at August P&T. Updated language for members who are new to the plan and updated reauthorization language, maintaining clinical intent. Effective 11/01/2025.