Mass General Brigham
Health Plan

| Plan | MassHealth UPPL -Commercial/Exchange | Program Type | Prior AuthorizationQuantity LimitStep 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

Xiidra (lifitegrast ophthalmic solution) is indicated for the treatment of the signs and symptoms of dry eye disease.

## Coverage Guidelines

Authorization may be granted for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization will be granted when ALL the following criteria has been met, and documentation has been submitted:

1. The requested drug is being prescribed for dry eye disease
2. The patient has tried and failed or been intolerant to artificial tears products

## Continuation of Therapy

Reauthorization requires physician attestation that member demonstrates a positive response to therapy.

## Limitations

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

## References

1. Xiidra [package insert]. Lexington, MA: Shire US Inc.; July 2016.
2. Preferred Practice Pattern. Dry Eyes Syndrome. American Academy of Ophthalmology. September 2013.
3. Micromedex Solutions [database online]. Greenwood Village, CO: Truven Health Analytics Inc. Updated periodically. www.micromedexsolutions.com [available with subscription]. Accessed November 2016.

## Review History

11/16/2022 - Reviewed and created for Nov P\&T. Switched to custom. Separated out MH vs Comm/Exch. Effective 03/01/2023.

