

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

<b>Plan</b>	<input type="checkbox"/> MassHealth UPPL <input checked="" type="checkbox"/> Commercial/Exchange		<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit			<input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Specialty Limitations</b>	N/A			
<b>Contact Information</b>	<b>Medical Benefit</b> <b>Pharmacy Benefit</b>		Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
<b>Exceptions</b>	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.

