

Xiidra (lifitegrast ophthalmic solution)
Effective 03/01/2023

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