



Tyrvaya® (varenicline) intranasal
Effective 02/01/2023

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		<input checked="" type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions	N/A		

Overview

Tyrvaya® (varenicline nasal spray) is a cholinergic agonist that is indicated for the treatment of the signs and symptoms of dry eye disease.

No PA	Drugs that require PA
Artificial tears *	Tyrvaya® (varenicline nasal spray)
Lacrisert® (hydroxypropyl cellulose ophthalmic insert)	

*OTC generic

Coverage Guidelines

Authorization may be reviewed on a case by case basis 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 may be granted for members when all the following criteria are met, and documentation is provided:

Keratoconjunctivitis sicca (KCS)/dry eyes

1. Appropriate diagnosis
2. Member is ≥ 18 years of age
3. Physician documentation of an inadequate response, adverse reaction or contraindication to BOTH of the following:
 - a. cyclosporine 0.05% ophthalmic emulsion
 - b. Xiidra®



4. Requested quantity is \leq 8.4 mL/30 days

Continuation of Therapy

Reauthorization by prescriber will infer a positive response to therapy.

Limitations

1. Initial and reauthorizations will be granted for 12 months.
2. The following quantity limits apply:

Tyrvaya nasal spray	2 bottles (8.4 mL) per 30 days
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References

1. Henderer JD, Rapuano CJ. Ocular Pharmacology. In: Brunton LL, Chabner BA, Knollmann BC (Ed). Goodman & Gilman's The Pharmacological Basis of Therapeutics. 12e. New York: McGraw-Hill [c2017 Mar 15]. Available from: <http://www.accesspharmacy.com.ezproxy.mcphs.edu/content.aspx?aID=16681771>.
2. Tyrvaya [package insert on the internet]. Princeton (NJ): Oyster Point Pharma, Inc.; 2021 Oct.
3. Clinical Pharmacology [database on the Internet]. Tampa (FL): Gold Standard, Inc.; 2021 [cited 2021 Sep 20]. Available from: <http://www.clinicalpharmacology.com>.
4. The American Academy of Ophthalmology. Preferred Practice Pattern: Dry Eye Syndrome [guideline on the Internet]. 2013. [cited 2017 Mar 3]. Available from: www.aao.org/ppp.
5. Hamrah P, Dana R. Vernal keratoconjunctivitis. In: Jacobs DS, Wood RA (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2021 [cited 2021 Sep 20] Available from: <http://www.utdol.com/utd/index.do>.
6. Hamrah P, Dana R. Atopic keratoconjunctivitis. In: Jacobs DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2021 [cited 2021 Sep 20] Available from: <http://www.utdol.com/utd/index.do>.

Review History

11/16/22 – Created for Nov P&T. Matched MH UPPL. Prior authorization was added to Tyrvaya. Effective 2/1/23

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