Targeted Drugs for Dry Eye Disease

Goal(s):

- Allow for coverage of approved prescription therapies for dry eye disease and vernal keratoconjunctivitis when they are funded in 2027.
- Allow case-by-case review for members covered under the EPSDT program.
- Over-the-counter artificial tears do not require prior authorization.

Length of Authorization:

- Up to 12 months

Requires PA:

- Non-preferred prescription drugs for dry eye and vernal keratoconjunctivitis

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

Approval Criteria		
1. What diagnosis is being treated?	Record ICD10 code.	
2. Is this an FDA approved indication?	**Yes**: Go to #3	**No:** Pass to RPh. Deny; medical appropriateness
3. Is this a request for renewal of a prescription dry eye product or product for vernal keratoconjunctivitis?	**Yes**: Go to Renewal Criteria below	**No:** Go to #4
4. Is the request for a patient with dry eye?	**Yes:** Go to #5	**No:** Go to #10
5. Is the diagnosis funded by OHP?	**Yes:** Go to #8	**No:** Go to #6
6. Does the patient have dry eye resulting in blurred vision or other visual impairment as a result of a chronic eye condition or medical condition (e.g., Sjögren's syndrome, lupus, cataracts, etc.)?	**Yes:** Go to #8	**No:** Pass to RPh. Deny; If eligible for EPSDT review go to #7

Approval Criteria		
7. If the member is eligible for EPSDT review, is there documentation that the condition is of sufficient severity that it impacts the patient's health (e.g., quality of life, function, growth, development, ability to participate in school, perform activities of daily living, etc.)?	**Yes:** Go to #8	**No:** Pass to RPh. Deny; medical necessity
8. Has the patient tried artificial tears/ocular lubricants for at least 4 weeks without improvement in symptoms?	**Yes:** Go to #9	**No:** Pass to RPh. Deny; medical appropriateness. Recommend trial of artificial tears
9. Is there documentation of baseline dry eye symptoms based on the Ocular Surface Disease Index (OSDI) or visual analog score (VAS)?	**Yes:** Go to #14	**No:** Pass to RPh. Deny; recommend baseline assessment of dry eye symptoms
10. Does the patient have a diagnosis vernal keratoconjunctivitis?	**Yes:** Go to #11	**No:** Pass to RPh. Deny
11. Is the diagnosis funded by OHP?	**Yes:** Go to #13	**No:** Pass to RPh. Deny; If eligible for EPSDT review go to #12.
12. If the member is eligible for EPSDT review, is there documentation that the condition is of sufficient severity that it impacts the patient's health (e.g., quality of life, function, growth, development, ability to participate in school, perform activities of daily living, etc.)?	**Yes:** Go to #13	**No:** Pass to RPh. Deny; medical necessity.
13. Has the patient tried at least 2 of the following therapies for a minimum of 2 weeks? - Topical mast cell stabilizers - Antihistamines (oral or topical) - Topical nonsteroidal anti-inflammatories - Topical corticosteroids	**Yes:** Go to #14	**No:** Pass to RPh. Deny; recommend trial of suggested therapies.

Approval Criteria		
14. Will the prescriber consider a change to a preferred product? Message: • Preferred products do not require a PA. • Preferred products are evidence-based reviewed for comparative effectiveness and safety by the Oregon Pharmacy & Therapeutics Committee.	**Yes:** Inform prescriber of covered alternatives in class.	**No:** Approve for a maximum of 12 months.

Renewal Criteria		
1. Is the request for a renewal of a previously approved dry eye disease medication?	**Yes**: Go to #2	**No:** Go to Approval Criteria above
2. Is the request for a patient with dry eye?	**Yes**: Go to #3	**No**: Go to #4
3. Is there documentation of improvement from baseline dry eye symptom scores (e.g., OSDI change of 4.5 units or more or VAS reduction of 30% or more) as assessed by the prescribing provider?	**Yes**: Approve for a maximum of 12 months	**No:** Pass to RPh. Deny; medical appropriateness
4. Is the request for a patient with vernal keratoconjunctivitis and the provider reports improvement in symptoms (this is a rare disease without validated tools for symptom assessment)?	**Yes**: Approve for a maximum of 12 months	**No:** Pass to RPh. Deny; medical appropriateness

P&T/DUR Review: 6/25 (KS)
Implementation: 8/1/25