Clinical Policy Title:	varenicline
Policy Number:	RxA.707
Drug(s) Applied:	Tyrvaya™
Original Policy Date:	12/07/2021
Last Review Date:	12/07/2021
Line of Business Policy Applies to:	All Line of Business

Background

Varenicline (Tyrvaya™) nasal spray is a cholinergic agonist indicated for the treatment of the signs and symptoms of dry eye disease (DED).

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
varenicline (Tyrvaya™)	Dry eye disease	One spray (0.03 mg) in each nostril twice daily (approximately 12 hours apart)	0.12 mg (4 sprays) intranasally per day

Dosage Forms

- Nasal spray delivering 0.03 mg of varenicline in each spray (0.05 mL).

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria. The provision of provider samples does not guarantee coverage under the terms of the pharmacy benefit administered by RxAdvance. All criteria for initial approval must be met in order to obtain coverage.

I. Initial Approval Criteria

A. Dry eye disease (must meet all)**:**

1. Diagnosis of DED (Dry eye disease);
2. Prescribed by or in consultation with an ophthalmologist;
3. Age 18 years of age or older;
4. Member should meet the following criteria (a and b):
   a. Anesthetized Schirmer's test score should range 0-10 mm;
   b. Corneal fluorescein staining should range 2-14.
5. Failure of an ophthalmic corticosteroid therapy, unless contraindicated or clinically significant adverse effects are experienced;
6. Failure of Restasis or Xiidra, unless contraindicated or clinically significant adverse effects are experienced;
7. Dose does not exceed 0.12 mg (4 sprays) intranasally per day.

Approval Duration
Commercial: 1 month
Medicaid: 1 month

II. Continued Therapy Approval

A. Dry eye disease (must meet all)**:**

1. Member is currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy;
2. Member is responding positively to therapy;
3. If the request is for a dose increase, dose does not exceed 0.12 mg (4 sprays) intranasally per day.

Approval Duration
Commercial: 1 month
Medicaid: 1 month

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
DED: Dry eye Disease
nACh: nicotinic acetylcholine receptor

APPENDIX B: Therapeutic Alternatives
Below are suggested therapeutic alternatives based on clinical guidance. Please check drug formulary for preferred agents and utilization management requirements.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
cyclosporine (Restasis®)	(Ophthalmic emulsion 0.05%, ophthalmic solution 0.09%) 1 drop twice daily in each eye, approximately 12 hours apart	2 drops/day in each eye; 60 vials/30 days
Xiidra®	Instill 1 drop twice daily in each eye (~12 hours apart)	2 drops/eye/day
Eysuvis™	Ophthalmic dosage (loteprednol 0.25% ophthalmic suspension) Apply 1 to 2 drops into each eye 4-times daily for up to 2 weeks	8 drops/day loteprednol 0.25%, in each affected eye
hydroxypropyl cellulose (Lacrisert®)	One 5 mg insert in each eye once daily.	2 inserts per eye per day
OTC wetting agents	1-2 drops in affected eye(s) two to four times daily	Not applicable
loteprednol suspension/ gel (Lotemax®) Alrex®	1-2 drops into the conjunctival sac of the affected eye(s) four times daily	Not applicable
Maxidex®	1-2 drops into conjunctival sac every hour during the day and every other hour during the night; gradually reduce dose to 1 drop every 4 hours, then to three to four times daily	Not applicable

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
fluorometholone ointment/suspension (FML® Liquifilm®, FML®, FML Forte®, Flarex®)	Ointment (FML®): Apply small amount (~1/2-inch ribbon) to conjunctival sac 1-3 times daily Suspension (Flarex®): 1-2 drops into conjunctival sac four times daily FML® Liquifilm®, FML Forte®: 1 drop into conjunctival sac two to four times daily	Varies
prednisolone (Pred Forte®) Pred Mild®	1-2 drops in the affected eye(s) two to four times daily	Not applicable

Therapeutic alternatives are listed as generic (Brand name®) when the drug is available by both generic and brand, Brand name® when the drug is available by brand only and generic name when the drug is available by generic only

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - None reported.

- Boxed Warning(s):
  - None reported.

APPENDIX D: General Information

The efficacy of Tyrvaya™ in dry eye disease is believed to be the result of varenicline's activity at heteromeric sub-type(s) of the nicotinic acetylcholine (nACh) receptor where its binding produces agonist activity and activates the trigeminal parasympathetic pathway resulting in increased production of basal tear film as a treatment for dry eye disease. Varenicline binds with high affinity and selectivity at human α4β2, α4α6β2, α3β4, α3α5β4 and α7 neuronal nicotinic acetylcholine receptors. The exact mechanism of action is unknown at this time.

References

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5. American Academy of Ophthalmology Cornea/External Disease Committee. Preferred Practice Pattern® Guidelines.

Dry Eye Syndrome. Chicago, IL: American Academy of Ophthalmology; November 2018. Available at: www.aao.org/ppp. Accessed October 26, 2021.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	10/26/2021	12/07/2021