VENTURA COUNTY
HEALTH CARE PLAN

PRIOR AUTHORIZATION POLICY

POLICY: Ophthalmology – Dry Eye Disease – Miebo Prior Authorization Policy
- Miebo™ (perfluorohexyloctane ophthalmic solution – Bausch & Lomb)

REVIEW DATE: 06/14/2023

OVERVIEW

Miebo, a semifluorinated alkane, is indicated for the treatment of the signs and symptoms of **dry eye disease** (DED).[1] The safety and effectiveness of Miebo in pediatric patients < 18 years of age have not been established.

There are no data to support concomitant use of Miebo with other ophthalmic medications for DED (e.g., cyclosporine [Cequa™, Restasis®, Vevye™), Tyrvaya® (varencilcine nasal solution), Xiidra® (lifitegrast ophthalmic solution).

Guidelines

The American Academy of Ophthalmology (AAO) published a Preferred Practice Pattern for the treatment of dry eye syndrome (used interchangeably with DED) in 2018.[2] The AAO classifies dry eye as mild, moderate, or severe, based on signs and symptoms of the disease. Treatment recommendations for DED are listed in a four-step progression but specific therapies may be chosen from any category, regardless of the level of disease severity, depending on provider experience and patient preference.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Miebo. All approvals are provided for the duration noted below.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Miebo is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Dry Eye Disease.** Approve for 1 year if the patient is ≥ 18 years of age.
   Note: Examples of dry eye disease include dry eye syndrome.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Miebo is not recommended in the following situations:

1. **Concomitant use with an ophthalmic cyclosporine product (Cequa, Restasis, Vevye), Tyrvaya (varenicline nasal solution), or Xiidra (lifitegrast ophthalmic solution).** There are no data to support the concomitant use of Miebo with Cequa/Restasis/Vevye, Tyrvaya, or Xiidra.

2. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Miebo™ ophthalmic solution [prescribing information]. Bridgewater, NJ: Bausch & Lomb; May 2023.
2. Akpek E, Amescua G, Farid M, et al. American Academy of Ophthalmology Preferred Practice Pattern Cornea and External Disease Panel. Dry Eye Syndrome Preferred Practice Pattern®. *Ophthalmology*. 2019 Jan;126(1):286-334.

HISTORY

Type of Revision	Summary of Changes	Review Date
New Policy	--	06/14/2023