



5.90.051

| | | | |
|--------------------|--------------------|------------------------------|------------------|
| Section: | Prescription Drugs | Effective Date: | April 1, 2025 |
| Subsection: | Topical Products | Original Policy Date: | November 5, 2021 |
| Subject: | Tyrvaya | Page: | 1 of 5 |

Last Review Date: March 7, 2025

Tyrvaya

Description

Tyrvaya (varenicline solution)

Background

Tyrvaya (varenicline solution) is a nicotinic acetylcholine receptor agonist. Stimulation of this receptor produces activity in the trigeminal parasympathetic pathway and promotes the production of basal tear film as a treatment for dry eye disease. The exact mechanism of action is unknown currently (1).

Dry eye disease is a common pathology that can result from different dysfunctions in the tear film production pathway. The tear film is made up of distinct phases including an aqueous phase mucin phase and a lipid layer which are produced by the lacrimal and meibomian glands. Both glands are innervated by parasympathetic and sympathetic fibers and provide a basal rate of tear production that is produced throughout the day to lubricate and protect the eye from infection. Dry eye can result from inflammation interfering with the production of tear film, or improper mixture of tear components can lead to tears that evaporate more quickly than they can be replaced (1).

Regulatory Status

FDA-approved indication: Tyrvaya (varenicline solution) nasal spray is a cholinergic agonist indicated for the treatment of the signs and symptoms of dry eye disease (1).

The safety and effectiveness of Tyrvaya in pediatric patients have not been established (1).

Related policies

5.90.051

| | | | |
|--------------------|--------------------|------------------------------|------------------|
| Section: | Prescription Drugs | Effective Date: | April 1, 2025 |
| Subsection: | Topical Agents | Original Policy Date: | November 5, 2021 |
| Subject: | Tyvaya | Page: | 2 of 5 |

Cyclosporine Ophthalmics, Eysuvis, Xiidra

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Tyvaya may be considered **medically necessary** if the conditions indicated below are met.

Tyvaya may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

1. Dry eye disease
 - a. Inadequate treatment response, intolerance, or contraindication to a legend ophthalmic for the treatment of dry eyes (see Appendix 1)
 - b. **NO** dual therapy with another legend ophthalmic for the treatment of dry eyes (see Appendix 1)

Prior-Approval *Renewal* Requirements

Age 18 years of age and older

Diagnosis

Patient must have the following:

1. Dry eye disease
 - a. Patient has had an improvement in symptoms

5.90.051

| | | | |
|--------------------|--------------------|------------------------------|------------------|
| Section: | Prescription Drugs | Effective Date: | April 1, 2025 |
| Subsection: | Topical Agents | Original Policy Date: | November 5, 2021 |
| Subject: | Tyrvaya | Page: | 3 of 5 |

- b. **NO** dual therapy with another legend ophthalmic for the treatment of dry eyes (see Appendix 1)

Policy Guidelines

Pre-PA Allowance

None

Prior-Approval Limits

Quantity 6 nasal spray bottles per 90 days

Duration 12 months

Prior-Approval *Renewal* Limits

Same as above

Rationale

Summary

Tyvaya (varenicline solution) is a nasal spray indicated for the treatment of dry eye disease. Although the exact mechanism of action is not known, the medication does agonize the nicotinic acetylcholine receptor of the parasympathetic pathway. Stimulation of this receptor pathway is thought to increase the basal rate of tear production from the lacrimal and meibomian glands. The safety and effectiveness of Tyrvaya in pediatric patients have not been established (1).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Tyrvaya while maintaining optimal therapeutic outcomes.

References

1. Tyrvaya [package insert]. Princeton, NJ: Oyster Point Pharma, Inc.; February 2024.

Policy History

5.90.051

| | | | |
|--------------------|--------------------|------------------------------|------------------|
| Section: | Prescription Drugs | Effective Date: | April 1, 2025 |
| Subsection: | Topical Agents | Original Policy Date: | November 5, 2021 |
| Subject: | Tyrvaya | Page: | 4 of 5 |

| Date | Action |
|----------------|--|
| November 2021 | Addition to PA |
| December 2021 | Annual review |
| March 2022 | Annual review |
| June 2022 | Per FEP, addition of requirement to t/f a legend ophthalmic for dry eyes |
| September 2022 | Annual review |
| March 2023 | Annual review |
| December 2023 | Annual review |
| March 2024 | Annual review |
| March 2025 | Annual review and reference update |

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 7, 2025 and is effective on April 1, 2025.

5.90.051

| | | | |
|--------------------|--------------------|------------------------------|------------------|
| Section: | Prescription Drugs | Effective Date: | April 1, 2025 |
| Subsection: | Topical Agents | Original Policy Date: | November 5, 2021 |
| Subject: | Tyrvaya | Page: | 5 of 5 |

Appendix 1 - List of Legend Ophthalmic Medications for Dry Eye

| Generic Name | Brand Name |
|----------------------|------------|
| cyclosporine | Cequa |
| cyclosporine | Restasis |
| cyclosporine | Vevye |
| lifitegrast | Xiidra |
| loteprednol | Eysuvis |
| perfluorohexyloctane | Miebo |
| varenicline | Tyrvaya |

*Verkazia is not approved for dry eye