

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Lifitegrast 5% (Xiidra)

Notes:

- Quantity Limits: No
- ^ Adequate trial is defined as 3 months treatment duration
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria: Non-formulary **lifitegrast (Xiidra) 5% ophthalmic solution** will be covered on the prescription drug benefit when the following criteria are met:

- Prescriber is an Ophthalmologist, Optometrist, or Rheumatologist
- Patient has failed an adequate trial[^] of cyclosporine 0.05% ophthalmic emulsion and cyclosporine 0.09% (Cequa) ophthalmic solution or patient has an allergy or intolerance* to cyclosporine 0.05% emulsion or cyclosporine 0.09% (Cequa) ophthalmic solution

Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously: Non-formulary **lifitegrast (Xiidra) 5% ophthalmic solution** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has failed an adequate trial[^] of cyclosporine 0.05% ophthalmic emulsion OR cyclosporine 0.09% (Cequa) ophthalmic solution or patient has an allergy or intolerance* to cyclosporine 0.05% emulsion or cyclosporine 0.09% (Cequa) ophthalmic solution

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **lifitegrast (Xiidra) 5% ophthalmic solution** will be covered on the prescription drug benefit for when the following criteria are met:

- Patient has failed an adequate trial[^] of cyclosporine 0.05% ophthalmic emulsion OR cyclosporine 0.09% (Cequa) ophthalmic solution or patient has an allergy or intolerance* to cyclosporine 0.05% emulsion or cyclosporine 0.09% (Cequa) ophthalmic solution