

PA DEPARTMENT OF HUMAN SERVICES
MAAC BRIEFING DOCUMENT
DRY EYE TREATMENTS

Proposed Effective Date: January 05, 2026

Revisions are noted with a ~~strikethrough~~ for deletions and **bold and underline** for additions.

I. Requirements for Prior Authorization of Dry Eye Treatments

A. Prescriptions That Require Prior Authorization

Prescriptions for Dry Eye Treatments that meet any of the following conditions must be prior authorized:

1. A non-preferred Dry Eye Treatment. See the Preferred Drug List (PDL) for the list of preferred Dry Eye Treatments at: <https://papdl.com/preferred-drug-list>.
2. A Dry Eye Treatment with a prescribed quantity that exceeds the quantity limit. The list of drugs that are subject to quantity limits, with accompanying quantity limits, is available at: <https://www.pa.gov/en/agencies/dhs/resources/pharmacy-services/quantity-limits-daily-dose-limits.html>.

B. Revisions to Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for a Dry Eye Treatment, the determination of whether the requested prescription is medically necessary will take into account the whether the beneficiary:

1. For a non-preferred Dry Eye Treatment, has a history of therapeutic failure of or a contraindication or an intolerance to the preferred Dry Eye Treatments **approved or medically accepted for the beneficiary's diagnosis and anticipated duration of treatment; AND**
2. If a prescription for a Dry Eye Treatment is for a quantity that exceeds the quantity limit, the determination of whether the prescription is medically necessary will also take into account the guidelines set forth in the Quantity Limits Chapter.

NOTE: If the beneficiary does not meet the clinical review guidelines listed above but, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary, the request for prior authorization will be approved.

C. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section B. above to assess the medical necessity of a prescription for a

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Dry Eye Treatment. If the guidelines in Section B. are met, the reviewer will prior authorize the prescription. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgment of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.