Prior Authorization Checklist for Chronic Dry Eye Patients

This checklist will help ensure necessary information is captured during the patient encounter to facilitate the efficient processing of a prior authorization (PA) request to the health plan.

- **History of Dry Eye**
  - Some payers will ask for initial onset of dry eye symptoms.
  - **EXAMPLE**
    - Drug/product type
      - Artificial tears
      - Lubricant eye ointment
      - Punctal plug
    - Drug/product name
      - Lubricant eye gel
      - Topical anti-inflammatory drug
    - Dose
    - Frequency of use
    - Duration with specific dates of use
    - Outcome
      - Effective
      - Intolerant
      - Suboptimal
      - Contraindicated

- **Diagnosis**
  - Make sure to capture severity of disease: mild, moderate, severe.
    - **Determine diagnosis:**
      - H16.223 Keratoconjunctivitis sicca, not specified as Sjögren’s, bilateral
      - Other, please include ICD-10-CM code plus description
    - **Payer policies may require one or more tests. Some payers also require a copy of the patient’s medical records, including chart notes, to support current use or previous failures. Consult the payer’s policy for specifics.**
    - **Examples:**
      - Tear break-up time
      - Ocular surface dye staining using fluorescein, rose bengal, or lissamine green dyes
      - Schirmer test
      - Fluorescein clearance test/tear function index
      - Tear osmolarity
      - MMP-9 elevated concentration in the tears

- **Treatment History**
  - Many payer policies require a lack of therapeutic response to at least two over-the-counter artificial tear agents.
  - **EXAMPLE**
    - (Make sure to capture items below during the patient encounter)

<table>
<thead>
<tr>
<th>Drug/product type</th>
<th>Drug/product name</th>
<th>Dose</th>
<th>Frequency of use</th>
<th>Duration with specific dates of use</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Artificial tears</td>
<td>Lubricant eye gel</td>
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</tr>
<tr>
<td>Lubricant eye ointment</td>
<td>Topical anti-inflammatory drug</td>
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<td></td>
</tr>
<tr>
<td>Punctal plug</td>
<td>Other</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

- **Continuation of Therapy**
  - Capture drug/product name, start date, and document if the patient had a positive clinical response.

**Note:** This form provides information commonly used by payer plans to determine prior authorization. It is intended for reference only and does not guarantee approval. Please be sure to check payer policies for the most up-to-date information. The decision about which code to report must be made by the provider/physician considering the clinical facts, circumstances, and applicable coding rules, including the requirements to document to the highest level of specificity.