PRIOR AUTHORIZATION POLICY

POLICY: Ophthalmology – Dry Eye Disease – Eysuvis Prior Authorization Policy
- Eysuvis® (loteprednol etabonate 0.25% ophthalmic suspension – Kala)

REVIEW DATE: 12/06/2023

OVERVIEW
Eysuvis, an ophthalmic corticosteroid, is indicated for the **short-term (up to 2 weeks) treatment of the signs and symptoms of dry eye disease**.[1]

Guidelines
Eysuvis is not addressed in guidelines. The American Academy of Ophthalmology published a Preferred Practice Pattern® (2018) for the treatment of dry eye syndrome.[3] For mild dry eyes, education and environmental modifications, artificial tear solutions, and eyelid therapy (warm compresses and eyelid scrubs) are listed as some of the treatment options. The guidelines note commercially available loteprednol etabonate 0.5% was used in a prospective, randomized study for a 2-week period. The study found a favorable effect in patients' dry eye symptoms and conjunctival hyperemia findings.

POLICY STATEMENT
Prior Authorization is recommended for prescription benefit coverage of Eysuvis. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA
Coverage of Eysuvis is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Dry Eye Disease (Short-Term Treatment).** Approve for 1 month if the patient has tried artificial tears.

CONDITIONS NOT RECOMMENDED FOR APPROVAL
Coverage of Eysuvis is not recommended in the following situations:

1. 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. Eysuvis™ ophthalmic suspension [prescribing information]. Watertown, MA: Kala; July 2022.
2. Korenfeld M, Nichols KK, Goldberg D, et al. Safety of KPI-121 ophthalmic suspension 0.25% in patients with dry eye disease: A pooled analysis of 4 multicenter, randomized, vehicle-controlled studies. *Cornea*. 2021 May 1;40(5):564-570.
3. Akpek EK, Amescua G, Farid M, et al. Dry Eye Syndrome Preferred Practice Pattern®. *Ophthalmology*. 2019 Jan;126(1):P286-P334.