PRIOR AUTHORIZATION POLICY

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

REVIEW DATE: 12/11/2024

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 (AAO) Dry Eye Syndrome Preferred Practice Pattern® (2024) notes dry eye syndrome is also known as dry eye disease or keratoconjunctivitis sicca.[2] Dry eye is generally classified according to both symptoms and signs (i.e., mild, moderate, or severe); however, there is an emphasis on symptoms over signs. Management of dry eye is listed as a four-step staged approach, but specific therapies may be chosen from any step, regardless of the level of disease severity, depending on provider experience and patient preference. Ophthalmic corticosteroids, among other therapies, are helpful for the treatment of mild and moderate dry eye. Ophthalmic corticosteroids have reported to reduce ocular irritation symptoms. The PPP notes that commercially available loteprednol etabonate 0.25% was studied in a prospective randomized study over 2 weeks and demonstrated improvement in symptoms and conjunctival hyperemia. However, extending the treatment to 4 weeks did not provide further beneficial effects or increase adverse effects. Low-dose ophthalmic corticosteroids can be used at infrequent intervals for short periods of time (i.e., several weeks) to suppress ocular surface inflammation. Patients using ophthalmic corticosteroids should be monitored for adverse effects, such as increased intraocular pressure and cataract formation.

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]. Fort Worth, TX: Alcon; November 2023.
2. Amescua G, Ahmad S, Cheung AY, et al. American Academy of Ophthalmology, Dry Eye Syndrome Preferred Practice Pattern®. *Ophthalmology*. 2024;131(4):P1-P49.