MEDICAL MUTUAL®

# Drug Policy

| Policy: | Eysuvis (loteprednol etabonate ophthalmic suspension) | Annual Review Date: 04/17/2025<br><br>Last Revised Date: 04/17/2025 |
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## OVERVIEW

Eysuvis is a corticosteroid indicated for the short-term (up to two weeks) treatment of the signs and symptoms of dry eye disease.

## POLICY STATEMENT

This policy involves the use of Eysuvis. Prior authorization is recommended for pharmacy benefit coverage of Eysuvis. Approval is recommended for those who meet the conditions of coverage in the **Criteria and Initial/Extended Approval** for the diagnosis provided. **Conditions Not Recommended for Approval** are listed following the recommended authorization criteria. Requests for uses not listed in this policy will be reviewed for evidence of efficacy and for medical necessity on a case-by-case basis.

Because of the specialized skills required for evaluation and diagnosis of patients treated with Eysuvis as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Eysuvis be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals for initial therapy are provided for the initial approval duration noted below; if reauthorization is allowed, a response to therapy is required for continuation of therapy unless otherwise noted below.

## RECOMMENDED AUTHORIZATION CRITERIA

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

**1. <u>Dry Eye Disease</u>**

**Criteria.** *Patient must meet the following criteria (A, B, C, D, <u>and</u> E):*

A. Patient is 18 years of age or older; AND
B. Eysuvis is prescribed by or in consultation with an ophthalmologist, optometrist, or rheumatologist; AND
C. The prescriber has administered testing for ONE of the following homeostasis markers and the patient has the corresponding result (a, b, c, <u>or</u> d):
    a. Schirmer's test (< 5 mm of wetting over 5 minutes), OR
    b. Non-invasive tear breakup time (TBUT) result of 10 seconds or less; OR
    c. Osmolarity result of 308 mOsm/L or greater in either eye OR interocular difference of greater than 8 mOsm/L; OR
    d. Ocular surface staining result of greater than 5 corneal spots OR greater than 9 conjunctival spots, OR lid margin (2 mm or greater length and 25% or greater width); AND
D. The patient has tried preservative free artificial tears.

**2. Dry Eye Disease, Continuation of Therapy.**
**Criteria.** *Patient must meet the following criteria*

A. The patient is 18 years of age or older; AND
B. The medication is prescribed by or in consultation with an ophthalmologist, optometrist, or rheumatologist; AND
C. The patient has had a beneficial response to therapy, including reduced eye irritation, dryness, red eyes, or burning).

**Initial Approval/ Extended Approval.**
**A)** *Initial Approval:* 1 month
**B)** *Extended Approval:* 1 month

## CONDITIONS NOT RECOMMENDED FOR APPROVAL

Eysuvis has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval).

**1.** Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

**Documentation Requirements:**

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

## REFERENCES

1. Eysuvis [prescribing information]. Watertown, MA: Kala Pharmaceuticals, Inc; October 2020.
2. American Academy of Ophthalmology cornea/external disease panel. Preferred practice pattern® guidelines. Dry eye syndrome. San Francisco, CA: American Academy of Ophthalmology; 2018. Available at: www.aao.org/ppp. Accessed on 11 December 2020.
3. lotoprednol. In: DRUGDEX [online database]. Truven Health Analytics. Greenwood Village, CO. Last updated 28 October 2020. Accessed 11 December 2020.