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Section:	Prescription Drugs	**Effective Date:**	April 1, 2021
Subsection:	Topical Products	**Original Policy Date:**	November 27, 2020
Subject:	Eysuvis	**Page:**	1 of 5

Last Review Date: March 12, 2021

Eysuvis

Description

Eysuvis (loteprednol etabonate ophthalmic suspension)

Background
Eysuvis (loteprednol etabonate) is a corticosteroid ophthalmic suspension. Corticosteroids inhibit the inflammatory response to a variety of inciting agents and delay or slow healing. Corticosteroids inhibit the edema, fibrin deposition, capillary dilation, leukocyte migration, capillary proliferation, fibroblast proliferation, deposition of collagen, and scar formation associated with inflammation. Corticosteroids are thought to modulate inflammation through inhibition of prostaglandin production (1).

Regulatory Status
FDA-approved indication: Eysuvis is a corticosteroid indicated for the short-term (up to two weeks) treatment of the signs and symptoms of dry eye disease (1).

Instill one to two drops of Eysuvis into each eye four times daily for up to two weeks. This product should only be renewed after examination under magnification such as a slit lamp and evaluation of the intraocular pressure (1).

Topical corticosteroids have been known to delay healing and cause corneal and scleral thinning. Use of topical corticosteroids in the presence of thin corneal or scleral tissue may lead to perforation. The initial prescription and each renewal of the medication order should be made by a physician only after examination of the patient with the aid of magnification, such as slit lamp biomicroscopy, and, where appropriate, fluorescein staining (1).

Prolonged use of corticosteroids may result in glaucoma with damage to the optic nerve, as well as defects in visual acuity and fields of vision. Corticosteroids should be used with caution in the presence of glaucoma. Renewal of the medication order should be made by a physician only after examination of the patient and evaluation of the intraocular pressure (IOP) (1).

The safety and effectiveness of Eysuvis in patients less than 18 years of age have not been established (1).

Related policies
Cyclosporine Ophthalmics, Xiidra

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Eysuvis may be considered **medically necessary** in patients 18 years of age or older for the treatment of dry eye disease and if the conditions indicated below are met.

Eysuvis may be considered **investigational** in patients less than 18 years of age and for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnosis

Patient must have the following:

1. Dry eye disease
    a. Patient has had an ocular examination under magnification such as slit lamp
    b. **NO** dual therapy with another legend ophthalmic for the treatment of dry eyes (see Appendix 1)

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnosis

Patient must have **ALL** of the following:

If further treatment is needed after 2 weeks

1. Dry eye disease
    a. Patient has had an improvement in symptoms to justify renewal in treatment
    b. Patient has had an ocular examination under magnification such as slit lamp
    c. Patient has had an evaluation for intraocular pressure
    d. **NO** dual therapy with another legend ophthalmic for the treatment of dry eyes (see Appendix 1)

Policy Guidelines

Pre - PA Allowance
None

Prior - Approval Limits

Quantity 2 bottles

Duration 1 month

Prior – Approval *Renewal* Limits
Same as above

Rationale

Summary

Eysuvis is a corticosteroid ophthalmic suspension. Corticosteroids inhibit the inflammatory response to a variety of inciting agents and delay or slow healing. Corticosteroids inhibit the edema, fibrin deposition, capillary dilation, leukocyte migration, capillary proliferation, fibroblast proliferation, deposition of collagen, and scar formation associated with inflammation.

Corticosteroids are thought to modulate inflammation through inhibition of prostaglandin production (1).

Prior approval is required to ensure the safe, clinically appropriate and cost-effective use of Eysuvis while maintaining optimal therapeutic outcomes.

References

1. Eysuvis [package insert]. Watertown, MA: Kala Pharmaceuticals, Inc.; October 2020.

Policy History

Date	Action
November 2020	Addition to PA
March 2021	Annual editorial review. Changed renewal requirement from “Patient has had an improvement in symptoms” to “If further treatment is needed after 2 weeks, patient has had an improvement in symptoms to justify a renewal in treatment” per SME

Keywords

This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 12, 2021 and is effective on April 1, 2021.

Appendix 1

List of Legend Ophthalmic Medications for the Treatment of Dry Eye Disease

Generic Name	Brand Name
cyclosporine	Cequa
cyclosporine	Restasis
lifitegrast	Xiidra
loteprednol	Eysuvis