Clinical Policy Title:	loteprednol etabonate
Policy Number:	RxA.757
Drug(s) Applied:	Eysuvis™
Original Policy Date:	04/18/2022
Last Review Date:	3/1/2024
Line of Business Policy Applies to:	All lines of business (except Medicare)

Criteria

I. Initial Approval Criteria

A. Dry eye disease (must meet all):

1. Diagnosis of dry eye disease;
2. Trial and failure of the following, unless contraindicated or clinically significant adverse effects are experienced (a and b):
   a. One generic ophthalmic corticosteroid;
   b. Restasis, Restasis Multidose, Xiidra, or Miebo;
3. Prescribed by or in consultation with an optometrist or an ophthalmologist;

Approval Duration
All Lines of Business (except Medicare): 14 days

II. Continued Therapy Approval

A. Dry eye disease (must meet all):

1. Member is currently receiving or has been treated with this medication within the past 90 days, excluding manufacturer samples.
2. Patient has had an evaluation for intraocular pressure and examination with the aid of magnification, such as slit-lamp biomicroscopy.

Approval Duration
All Lines of Business (except Medicare): 14 days

References
Not applicable.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	2/3/2022	04/18/2022
Policy was reviewed: 1. Initial Approval Criteria, I.A.5: Updated to include new trial and failure criteria Trial and failure of at least one other ophthalmic anti-inflammatory agent at up to maximally indicated doses, unless	03/31/2023	04/13/2023

contraindicated or clinically significant adverse effects are experienced. 2. References were reviewed and updated.		
Policy was reviewed.	10/19/2023	10/19/2023
Policy was reviewed. 1. Removed age criteria. 2. Removed dose criteria. 3. Removed reauthorization requirement for positive response to therapy.	12/12/2023	11/30/2023
Policy was reviewed. 1. Added examples of anti-inflammatory agent to the try/fail criteria. References were reviewed and updated.	01/01/2024	01/01/2024
Policy reviewed: 2. Modified try/fail criteria. 3. Expanded reauthorization criteria to match package label. 4. Updated approval duration.	3/1/2024	2/28/2024