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# 5.90.044

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| <b>Section:</b>    | Prescription Drugs | <b>Effective Date:</b>       | April 1, 2026     |
| <b>Subsection:</b> | Topical Products   | <b>Original Policy Date:</b> | November 27, 2020 |
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**Last Review Date:** March 6, 2026

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## 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).

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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, Tyrvaya, 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** if the conditions indicated below are met.

Eysuvis may be considered **investigational** 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

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## Diagnosis

Patient must have 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).

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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.; November 2023.

## 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 |
| March 2022     | Annual review  |
| July 2022      | Added Tyrvaya to Appendix 1  |
| September 2022 | Annual review and reference update   |
| March 2023     | Annual review  |
| December 2023  | Annual review  |
| March 2024     | Annual review  |
| March 2025     | Annual review and reference update   |
| March 2026     | Annual review  |

## Keywords

**This policy was approved by the FEP® Pharmacy and Medical Policy Committee on March 6, 2026 and is effective on April 1, 2026.**

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## Appendix 1 - List of Legend Ophthalmic Medications for Dry Eye

| Generic Name         | Brand Name |
|----------------------|------------|
| cyclosporine         | Cequa      |
| cyclosporine         | Restasis   |
| cyclosporine         | Vevye      |
| lifitegrast          | Xiidra     |
| loteprednol          | Eysuvis    |
| perfluorohexyloctane | Miebo      |
| varenicline          | Tyrvaya    |

\*Verkazia is not approved for dry eye