

EYSUVIS
(loteprednol etabonate ophthalmic suspension)

Pre - PA Allowance

None

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 Limits

Quantity 2 bottles

Duration 1 month

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)

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Prior - Approval *Renewal* Limits

Same as above

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