



## PRIOR AUTHORIZATION POLICY

- POLICY:** Ophthalmology – Dry Eye Disease – Eysuvis Prior Authorization Policy
- Eysuvis® (loteprednol etabonate 0.25% ophthalmic suspension – Kala)

**REVIEW DATE:** 12/06/2023

### **INSTRUCTIONS FOR USE**

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

### **CIGNA NATIONAL FORMULARY COVERAGE:**

#### **OVERVIEW**

Eysuvis, an ophthalmic corticosteroid, is indicated for the **short-term (up to 2 weeks) treatment of the signs and symptoms of dry eye disease.**<sup>1</sup>

#### **Guidelines**

Eysuvis is not addressed in guidelines. The American Academy of Ophthalmology published a Preferred Practice Pattern® (2018) for the treatment of dry eye syndrome.<sup>3</sup> For mild dry eyes, education and environmental modifications, artificial tear solutions, and eyelid therapy (warm compresses and eyelid scrubs) are listed as some of the treatment options. The guidelines note commercially available loteprednol etabonate 0.5% was used in a prospective, randomized study for a 2-week period. The study found a favorable effect in patients' dry eye symptoms and conjunctival hyperemia findings.

#### **POLICY STATEMENT**

Prior Authorization is recommended for prescription benefit coverage of Eysuvis. All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days.

- **Eysuvis® (loteprednol etabonate 0.25% ophthalmic suspension – Kala)**

**is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):**

**FDA-Approved Indication**

- 1. Dry Eye Disease (Short-Term Treatment).** Approve for 1 month if the patient has tried artificial tears.

**CONDITIONS NOT COVERED**

**Eysuvis® (loteprednol etabonate 0.25% ophthalmic suspension – Kala) is(are) considered experimental, investigational or unproven for ANY other use(s).**

**REFERENCES**

1. Eysuvis™ ophthalmic suspension [prescribing information]. Watertown, MA: Kala; July 2022.
2. Korenfeld M, Nichols KK, Goldberg D, et al. Safety of KPI-121 ophthalmic suspension 0.25% in patients with dry eye disease: A pooled analysis of 4 multicenter, randomized, vehicle-controlled studies. *Cornea*. 2021 May 1;40(5):564-570.
3. Akpek EK, Amescua G, Farid M, et al. Dry Eye Syndrome Preferred Practice Pattern®. *Ophthalmology*. 2019 Jan;126(1):P286-P334.

**HISTORY**

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	12/07/2022
Annual Revision	No criteria changes.	12/06/2023

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