

Clinical Policy Title:	Ioteprednol etabonate
Policy Number:	RxA.757
Drug(s) Applied:	Eysuvis™
Original Policy Date:	04/18/2022
Last Review Date:	12/11/2025
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. Cyclosporine, Xiidra, or Miebo;

3. 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 medication in the past 120 days that has been authorized by RxAdvance or the member has met initial approval criteria.
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 contraindicated or clinically significant	03/31/2023	04/13/2023

This clinical policy has been developed to authorize, modify, or determine coverage for individuals with similar conditions. Specific care and treatment may vary depending on individual need and benefits covered by the plan. This policy is not intended to dictate to providers how to practice medicine, nor does it constitute a contract or guarantee regarding payment or results. This document may contain prescription brand name drugs that are trademarks of pharmaceutical manufacturers that are not affiliated with RxAdvance.

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
Policy was reviewed: 1. Removed prescriber criteria. 2. Updated continuation of therapy language.	03/24/2025	04/10/2025
Policy reviewed 1. Restasis was removed 2. Replaced with generic cyclosporine	2/13/2026	NA