



## Commercial/Healthcare Exchange PA Criteria

*Effective: February 2, 2021*

**Prior Authorization:** Eysuvis

**Products Affected:** Eysuvis ophthalmic solution 0.25%

**Medication Description:** Eysuvis is a topical anti-inflammatory corticosteroid with no definite mechanism of action, but like other corticosteroids, it is believed to exert its effect by controlling the biosynthesis of potent mediators of inflammation. Corticosteroids inhibit fibrin disposition, leukocyte migration, capillary proliferation, fibroblast proliferation, deposition of collagen, edema, and scar formation. It is thought to activate phospholipase A(2) inhibitory proteins and subsequently inhibit the release of arachidonic acid, which is a common precursor to leukotrienes and prostaglandins. It also has the ability to increase the intraocular pressure

**Covered Uses:** Short term (up to two weeks) treatment of the signs and symptoms of dry eye disease.

**Exclusion Criteria:**

1. Viral diseases of the cornea and conjunctiva including epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, and varicella
2. Mycobacterial infection of the eye
3. Fungal diseases of ocular structures

**Required Medical Information:**

1. Diagnosis
2. Previous therapies tried and failed

**Age Restrictions:** 18 years of age and older

**Prescriber Restrictions:** N/A

**Coverage Duration:** 1 month

**Other Criteria:**

**Dry Eye Disease**

- A. Patient must have a confirmed diagnosis of dry eye disease; And
- B. Patient has a documented intolerance to, contraindication, or treatment failure with one over the counter lubricating eye solution/ointment (e.g. OTC artificial tears).

**References:**

1. Eysuvis [package insert]. Watertown, MA: Kala Pharmaceuticals; October 2020.

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Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	2/2/2021