STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

LOTEPREDNOL

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
LOTEPREDNOL ETABONATE	EYSUVIS		48834	GPI-14 (86300035101825)	

GUIDELINES FOR USE

1. Does the patient have a diagnosis of dry eye disease **AND** meet the following criterion?
   - The patient had a trial of or contraindication to one generic loteprednol ophthalmic **AND** one non-loteprednol ophthalmic corticosteroid (e.g., fluorometholone, dexamethasone, prednisolone)

   If yes, **approve for 2 weeks by GPID or GPI-14 with a quantity limit of #8.3mL (1 bottle) per 14 days.**
   If no, do not approve.
   DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

   Our guideline named **LOTEPREDNOL (Eysuvis)** requires the following rule(s) be met for approval:
   A. You have dry eye disease
   B. You previously tried one generic loteprednol ophthalmic product **AND** one non-loteprednol ophthalmic (eye) corticosteroid (such as fluorometholone, dexamethasone, prednisolone) unless there is a medical reason why you cannot (contraindication)

   Your doctor told us [INSERT PT SPECIFIC INFO PROVIDED]. We do not have information showing you [INSERT UNMET CRITERIA]. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Eysuvis.

REFERENCES

- Eysuvis [Prescribing Information]. Watertown, MA: Kala Pharmaceuticals, Inc.; October 2020.

Library	Commercial	NSA
Yes	Yes	No

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