

Ioteprednol etabonate 0.25% ophthalmic suspension (EYSUVIS)

Diagnosis Considered for Coverage:

- Treatment of the signs and symptoms of dry eye disease

Coverage Criteria:

For diagnosis listed above:

- Inadequate response or intolerable side effect to ONE preferred ophthalmic corticosteroid or contraindication to all preferred ophthalmic corticosteroid agents

Preferred Corticosteroid Eye Drops

dexamethasone 0.1% solution
 fluorometholone 0.1% (FML Liquifilm)
 prednisolone 1% (Omnipred, Pred Forte)
 Alrex
 Flarex
 FML Forte
 FML S.O.P
 Ioteprednol (Lotemax)
 Pred Mild

Coverage Duration: one time

Effective Date: 11/30/2022