PRIOR AUTHORIZATION POLICY

POLICY: Ophthalmology – Dry Eye Disease – Lacrisert Prior Authorization Policy
- Lacrisert® (hydroxypropyl cellulose ophthalmic insert – Bausch & Lomb)

REVIEW DATE: 12/11/2024

OVERVIEW

Lacrisert, an ophthalmic insert made of hydroxypropyl cellulose, is indicated for **moderate to severe dry eye syndromes, including keratoconjunctivitis sicca**.[1] Lacrisert is indicated especially in patients who remain symptomatic after an adequate trial of therapy with artificial tear solutions. Lacrisert is also indicated for patients with: **exposure keratitis, decreased corneal sensitivity, and recurrent corneal erosions**.

Guidelines

The American Academy of Ophthalmology (AAO) Dry Eye Syndrome Preferred Practice Pattern® (2024) notes dry eye syndrome is also known as dry eye disease or keratoconjunctivitis sicca.[2] Dry eye is generally classified according to both symptoms and signs (i.e., mild, moderate, or severe); however, there is an emphasis on symptoms over signs. Management of dry eye is listed as a four-step staged approach, but specific therapies may be chosen from any step, regardless of the level of disease severity, depending on provider experience and patient preference. Artificial tears is a safe and effective modality for treating dry eye. The AAO PPP notes that slow-release hydroxyprophyl cellulose inserts are occasionally helpful for patients who are unable to apply artificial tears.

POLICY STATEMENT

Prior Authorization is recommended for prescription benefit coverage of Lacrisert. All approvals are provided for the duration noted below.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

Coverage of Lacrisert is recommended in those who meet the following criteria:

FDA-Approved Indication

1. **Ocular Conditions Associated with Moderate to Severe Dry Eye.** Approve for 1 year if the patient has tried artificial tears.
   Note: Examples of ocular conditions include decreased corneal sensitivity, dry eye syndrome, exposure keratitis, keratoconjunctivitis sicca, recurrent corneal erosions.

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Coverage of Lacrisert is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

REFERENCES

1. Lacrisert® ophthalmic insert [prescribing information]. Bridgewater, NJ: Bausch & Lomb; October 2019.
2. Amescua G, Ahmad S, Cheung AY, et al. American Academy of Ophthalmology, Dry Eye Syndrome Preferred Practice Pattern®. *Ophthalmology*. 2024;131(4):P1-P49.