PRIOR AUTHORIZATION POLICY

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

REVIEW DATE: 12/02/2020

OVERVIEW

Lacrisert, an ophthalmic insert made of hydroxypropyl cellulose, is indicated for the following uses:[1]

- **Decreased corneal sensitivity**.
- **Exposure keratitis**.
- **Moderate to severe dry eye syndromes**, including keratoconjunctivitis sicca.
- **Recurrent corneal erosions**.

Lacrisert acts to stabilize and thicken the precorneal tear film and prolong the tear film breakup time which is usually accelerated in patients with dry eye states.[1] Lacrisert also acts to lubricate and protect the eye. Lacrisert usually reduces the signs and symptoms resulting from moderate to severe dry eye syndromes, such as conjunctival hyperemia, corneal and conjunctival staining with rose bengal, exudation, itching, burning, foreign body sensation, smarting, photophobia, dryness and blurred or cloudy vision. Progressive visual deterioration which occurs in some patients may be slowed, halted, or sometimes reversed.

Guidelines

The American Academy of Ophthalmology (AAO) published Preferred Practice Pattern® (2018) for the treatment of dry eye syndrome.[2] The AAO classifies dry eye as mild, moderate, or severe, based on signs and symptoms of the disease. Treatment recommendations of dry eye disease are listed in a four step progression but specific therapies may be chosen from any category regardless of the level of disease severity, depending on provider experience and patient preference. Slow-release hydroxypropyl cellulose inserts are recommended within the guidelines for moderate dry eye as 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 Indications

1. **Ocular Conditions Associated with Moderate to Severe Dry Eye (e.g., decreased corneal sensitivity, dry eye syndrome, exposure keratitis, keratoconjunctivitis sicca, recurrent corneal erosions).** Approve for 1 year if the patient has tried artificial tears.

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. American Academy of Ophthalmology cornea/external disease panel. Preferred practice pattern® guidelines. Dry eye syndrome. San Francisco, CA: American Academy of Ophthalmology; 2018. Available at: www.aao.org/ppp. Accessed on November 17, 2020.