MEDICAL MUTUAL®

Drug Policy

Policy:	Lacrisert (Hydroxypropyl Cellulose)	Annual Review Date: 01/16/2025 Last Revised Date: 01/16/2025

OVERVIEW

Lacrisert is an ophthalmic insert made of hydroxypropyl cellulose. It is indicated for: decreased corneal sensitivity, exposure keratitis, moderate to severe dry eye syndromes (including keratoconjunctivitis sicca, and recurrent corneal erosions. Lacrisert stabilizes and thickens the precorneal tear film, this prolongs the tear film breakup time—which is usually accelerated in patients with dry eye. 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 that occurs in some patients could be slowed, halted, or sometimes reversed.

POLICY STATEMENT

This policy involves the use of Lacrisert. Prior authorization is recommended for pharmacy benefit coverage of Lacrisert. Approval is recommended for those who meet the conditions of coverage in the **Criteria and Initial/Extended Approval** for the diagnosis provided. **Conditions Not Recommended for Approval** are listed following the recommended authorization criteria. Requests for uses not listed in this policy will be reviewed for evidence of efficacy and for medical necessity on a case-by-case basis.

Because of the specialized skills required for evaluation and diagnosis of patients treated with Lacrisert as well as the monitoring required for adverse events and long-term efficacy, initial approval requires Lacrisert be prescribed by or in consultation with a physician who specializes in the condition being treated. All approvals for initial therapy are provided for the initial approval duration noted below; if reauthorization is allowed, a response to therapy is required for continuation of therapy unless otherwise noted below.

Automation: None.

RECOMMENDED AUTHORIZATION CRITERIA

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

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).

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Initial Approval/ Extended Approval.
A) *Initial Approval:* 1 year
B) *Extended Approval:* 1 year

CONDITIONS NOT RECOMMENDED FOR APPROVAL

Lacrisert has not been shown to be effective, or there are limited or preliminary data or potential safety concerns that are not supportive of general approval for the following conditions. (Note: This is not an exhaustive list of Conditions Not Recommended for Approval).

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

Documentation Requirements:
The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the drug provided or services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

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 30, 2021.