



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	December 19, 2010 May 7, 2012

LACRISERT® (hydroxypropyl cellulose ophthalmic insert)

LENGTH OF AUTHORIZATION: UP TO THREE MONTHS

REVIEW CRITERIA:

1. Confirmed diagnosis of one of the indications listed below documented in progress notes or diagnosis code(s):
 - a. **Dry eye syndrome**
 - b. **Keratoconjunctivitis sicca**
 - c. **Exposure keratitis**
 - d. **Decreased corneal sensitivity**
 - e. **Recurrent corneal erosions.**
2. Must be 18 years of age or older.
3. Previous trial and failure of Restasis within the past 60 days.

DOSING:

One LACRISERT ophthalmic insert in each eye once daily is usually sufficient to relieve the symptoms associated with moderate to severe dry eye syndromes.