Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	December 19, 2010 May 7, 2012, July 7, 2022

LACRISERT® (hydroxypropyl cellulose ophthalmic insert)

LENGTH OF AUTHORIZATION: Up to 3 months

REVIEW CRITERIA:

- Patient must be ≥ 18 years of age.
- Confirmed diagnosis of one of the indications listed below documented in progress notes or diagnosis code(s):
  - Dry eye syndrome
  - Keratoconjunctivitis sicca
  - Exposure keratitis
  - Decreased corneal sensitivity
  - Recurrent corneal erosions.
- Previous trial and failure of Restasis within the past 60 days.

DOSING AND ADMINISTRATION:

- Refer to product labeling at https://www.accessdata.fda.gov/scripts/cder/daf/
- Available as 5 mg ophthalmic insert.