PRIOR AUTHORIZATION POLICY

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

REVIEW DATE: 12/11/2024

INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

CIGNA NATIONAL FORMULARY COVERAGE:

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.

- **Lacrisert® (hydroxypropyl cellulose ophthalmic insert - Bausch & Lomb)**

is(are) covered as medically necessary when the following criteria is(are) met for FDA-approved indication(s) or other uses with supportive evidence (if applicable):

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 COVERED

Lacrisert® (hydroxypropyl cellulose ophthalmic insert - Bausch & Lomb) is(are) considered experimental, investigational or unproven for ANY other use(s) including the following; 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.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	12/06/2023
Annual Revision	No criteria changes.	12/11/2024