



Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's 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.