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.