### Market Applicability/Effective Date

<table>
<thead>
<tr>
<th>Market</th>
<th>FL &amp; FHK</th>
<th>FL MMA</th>
<th>FL LTC</th>
<th>GA</th>
<th>KS</th>
<th>KY</th>
<th>LA</th>
<th>MD</th>
<th>NJ</th>
<th>NV</th>
<th>NY</th>
<th>TN</th>
<th>TX</th>
<th>WA</th>
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</thead>
<tbody>
<tr>
<td>Applicable</td>
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<td>X</td>
<td>N/A</td>
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<td>X</td>
</tr>
</tbody>
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*FHK: Florida Healthy Kids

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## Lacrisert

*(hydroxypropyl cellulose ophthalmic insert)*

### Override(s) | Approval Duration
---|---
Prior Authorization | 1 year

### Medcations

Lacrisert (hydroxypropyl cellulose ophthalmic insert)

## APPROVAL CRITERIA

Requests for Lacrisert (hydroxypropyl cellulose ophthalmic insert) may be approved if the following criteria are met:

I. Individual is using to treat moderate to severe dry eye syndromes or related conditions (AAO 2013, Label); **AND**

II. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response to one artificial tear agent; **AND**

III. Individual has had a trial (medication samples/coupons/discount cards are excluded from consideration as a trial) and inadequate response to Xiidra (lifitegrast ophthalmic solution); **OR**

IV. Individual has a known hypersensitivity to any ingredient in Xiidra which is not also present in Lacrisert.

### State Specific Mandates

<table>
<thead>
<tr>
<th>State name</th>
<th>Date effective</th>
<th>Mandate details (including specific bill if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
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<td>N/A</td>
</tr>
</tbody>
</table>
This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.