DRUG QUANTITY MANAGEMENT POLICY – PER RX

POLICY: Ophthalmology – Dry Eye Disease Drug Quantity Management Policy – Per Rx
- Lacrisert® (hydroxypropyl cellulose ophthalmic insert – Bausch & Lomb)

REVIEW DATE: 09/03/2024

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 the following uses:[1]
- **Decreased corneal sensitivity**.
- **Exposure keratitis**.
- **Moderate to severe dry eye syndromes**, including keratoconjunctivitis sicca.
- **Recurrent corneal erosions**.

Dosing

One Lacrisert ophthalmic insert placed in each eye once daily is usually sufficient to relieve the symptoms associated with moderate to severe dry eye syndromes.[1] Individual patients may require more flexibility in the use of Lacrisert. Some patients may require twice daily use for optimal results. In some patients, several weeks may be required before satisfactory improvement of symptoms is achieved.

Availability

Lacrisert is available as a 5 mg ophthalmic insert supplied in packages containing 60 unit doses, two reusable applicators, and a plastic storage container to store the applicators after use.[1]

POLICY STATEMENT

This Drug Quantity Management program has been developed to manage potential premature dose escalation of Lacrisert. If the Drug Quantity Management rule is not met at the point of service, coverage will be determined by the Criteria below. All approvals are provided for 1 year in duration.

Drug Quantity Limits

Product	Strength and Form	Retail Maximum Quantity per Rx	Home Delivery Quantity per Rx
Lacrisert® (hydroxypropyl cellulose ophthalmic insert)	5 mg ophthalmic insert	60 inserts	180 inserts

Ophthalmology – Dry Eye Disease Drug Quantity Management Policy – Per Rx product(s) is(are) covered as medically necessary when the following criteria is(are) met. Any other exception is considered not medically necessary.

CRITERIA

1. If the patient has not experienced improvement in dry eye symptoms with daily dosing, approve the requested quantity, not to exceed 120 ophthalmic inserts per dispensing at retail and 360 ophthalmic inserts per dispensing at home delivery. Note: Examples of dry eye symptoms include conjunctival hyperemia, corneal and conjunctival staining with rose bengal, exudation, itching, burning, foreign body sensation, smarting, photophobia, dryness and blurred or cloudy vision.

REFERENCES

1. Lacrisert® ophthalmic insert [prescribing information]. Bridgewater, NJ: Bausch & Lomb; July 2024.

HISTORY

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	08/23/2023
Annual Revision	No criteria changes.	09/03/2024