Fluocinolone acetonide intravitreal implant 0.59 mg (Retisert®) 0.19 mg (Iluvien®) 0.18 mg (Yutiq®)	Place of Service Office Administration Outpatient Facility Infusion Administration **Retisert®: J7311** per 0.01 mg **Iluvien®: J7313** per 0.01 mg **Yutiq®: J7314** per 0.01 mg

Conditions listed in policy (*see criteria for details*):

- Diabetic macular edema (Iluvien only)
- Non-infectious uveitis affecting the posterior segment of the eye (Retisert and Yutiq only)

AHFS therapeutic class: Corticosteroids (EENT)
Mechanism of action: Suppresses inflammation by inhibiting multiple inflammatory cytokines resulting in decreased edema, fibrin deposition, capillary leakage and migration of inflammatory cells.

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(1) Special Instructions and Pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review via fax

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for fluocinolone intravitreal implants (Iluvien®, Retisert®, Yutiq®) for conditions NOT listed in section 3 must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Diabetic macular edema (Iluvien® only)

- Previously treated with a course of corticosteroids and did not have a clinically significant rise in intraocular pressure

Covered Dose
0.19mg intravitreal implant x 1

Coverage Period
3 years

ICD-10:
E08.311, 321X, 331X, 341X, 351X,
E09.311, 321X, 331X, 341X, 351X,
E10.311, 321X, 331X, 341X, 351X,
E11.311, 321X, 331X, 341X, 351X
E13.311, 321X, 331X, 341X, 351X

Non-infectious uveitis affecting the posterior segment of the eye (Retisert® and Yutiq® only)

Covered Dose
Retisert: 0.59 mg intravitreal implant x 1
Yutiq: 0.18 mg intravitreal implant x 1

Coverage Period
Retisert: 2 years
Yutiq: 3 years

ICD-10:
H30.001 - H30.049, H30.101 - H30.149, H30.90 - H30.93

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for fluocinolone intravitreal implants (Iluvien®, Retisert®, Yutiq®) must be sent for clinical review and receive authorization prior to drug administration or claim payment

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How supplied:

- Iluvien®: 0.19 mg fluocinolone acetonide intravitreal implant is supplied in a sterile single use preloaded applicator with a 25-gauge needle, packaged in a tray sealed with a lid inside a carton.
- Retisert®: 0.59 mg fluocinolone acetonide intravitreal implant stored in a clear polycarbonate case within a foil pouch, provided in a carton.
- Yutiq®: 0.18 mg fluocinolone acetonide intravitreal implant is supplied in a sterile single-dose preloaded applicator with a 25-gauge needle, packaged in a sealed sterile foil pouch inside a sealed Tyvek pouch inside a carton box.

(6) References

- AHFS®. Available by subscription at http://www.lexi.com
- DrugDex®. Available by subscription at http://www.micromedexsolutions.com/home/dispatch
- Iluvien® (fluocinolone acetonide intravitreal implant) [Prescribing information]. Alpharetta, GA. Alimera Sciences, Inc.; 11/2016.
- Retisert® (fluocinolone acetonide intravitreal implant) [Prescribing information]. Bridgewater, NJ: Bausch & Lomb Incorporated or its affiliates; 1/2021.
- Yutiq™® (fluocinolone acetonide intravitreal implant) [Prescribing information]. Watertown, MA: EyePoint Pharmaceuticals US, Inc.; 2/2022.

(7) Policy Update

Date of last review: 3Q2023
Date of next review: 3Q2024
Changes from previous policy version:

- No clinical change to policy following routine annual review.