

## fluocinolone intravitreal implant

### Commercial Medical Benefit Drug Policy

#### Place of Service

Office Administration

Outpatient Facility Infusion Administration

#### Drug Details

##### **USP Category:** OPHTHALMIC AGENTS

**Mechanism of Action:** Suppresses inflammation by inhibiting multiple inflammatory cytokines resulting in decreased edema, fibrin deposition, capillary leakage and migration of inflammatory cells.

##### **HCPCS:**

J7311:Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg

J7313:Injection, fluocinolone acetonide, intravitreal implant (iluvien), 0.01 mg

J7314:Injection, fluocinolone acetonide, intravitreal implant (yutiq), 0.01 mg

##### **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.

#### **Condition(s) listed in policy (see coverage criteria for details)**

- Chronic Non-Infectious Uveitis Affecting the Posterior Segment of the Eye
- Diabetic Macular Edema (Iluvien only)

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the Health and Safety Code section 1367.21 must be met.

#### **Special Instructions and Pertinent Information**

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

For billing purposes, drugs must be submitted with the drug's assigned HCPCS code (as listed in the drug policy) and the corresponding NDC (national drug code). An unlisted, unspecified, or miscellaneous code should not be used if there is a specific code assigned to the drug.

#### **Coverage Criteria**

**The following condition(s) require Prior Authorization/Preservice.**

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### **Diabetic Macular Edema (Iluvien only)**

**Meets medical necessity if all the following are met:**

1. Previously treated with a course of corticosteroids and did not have a clinically significant rise in intraocular pressure
2. Request is for Iluvien

**Covered Doses:**

One intravitreal implant (0.19 mg)

**Coverage Period:**

3 years

**ICD-10:**

(X=0-9) E08.3XXX, E09.3XXX, E10.3XXX, E11.3XXX, E13.3XXX

**The following condition(s) DO NOT require Prior Authorization/Preservice if ALL its parameters are met, otherwise Prior Authorization/Preservice is required.**

### **Chronic Non-Infectious Uveitis Affecting the Posterior Segment of the Eye**

**Covered Doses:**

Iluvien: 1 intravitreal implant (0.19 mg) once every 3 years

Retisert: 1 intravitreal implant (0.59 mg) once every 2 years

Yutiq: 1 intravitreal implant (0.18 mg) once every 3 years

**ICD-10:**

H30.001-H30.049, H30.101-H30.149, H30.90-H30.93

### **References**

1. AHFS. Available by subscription at <http://www.lexi.com>
2. DrugDex. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
3. Iluvien (fluocinolone acetonide intravitreal implant) Prescribing Information. Alimera Sciences, Inc.; Alpharetta, GA: 11/2016.
4. Retisert (fluocinolone acetonide intravitreal implant) Prescribing Information. Bausch & Lomb Incorporated or its affiliates;Bridgewater, NJ: 11/2023.
5. Yutiq (fluocinolone acetonide intravitreal implant) Prescribing Information. Alimera Sciences, Inc.; Alpharetta, GA: 6/2023.

### **Review History**

Date of Last Annual Review: 3Q2025

Changes from previous policy version:

- No clinical change following annual review.

*Blue Shield of California Medication Policy to Determine Medical Necessity*  
Reviewed by P&T Committee

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