blue california
Promise Health Plan

fluocinolone intravitreal implant

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 California Code of Regulations (CCR), Title 22, Section 51303 and 51313 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.

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

Chronic Non-Infectious Uveitis Affecting the Posterior Segment of the Eye
Meets medical necessity if all the following are met:

Covered Doses:
Iluvien: 1 intravitreal implant (0.19 mg)
Retisert: 1 intravitreal implant (0.59 mg)
Yutiq: 1 intravitreal implant (0.18 mg)

Coverage Period:
Iluvien: 3 years
Retisert: 2 years
Yutiq: 3 years

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

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

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