

Corticosteroid Intravitreal Implants

HCPCS J7311, Retisert (fluocinolone acetone, intravitreal implant, 0.01mg), J7313, Iluvien (fluocinolone acetone, intravitreal implant, 0.01mg) J7314, Yutiq (fluocinolone acetone, intravitreal implant, 0.01mg), J7312 Ozurdex (Injection, dexamethasone, intravitreal implant, 0.1 mg)

LOB:	MCAL
Duration of Approval:	Retisert: One implant per 30 months Iluvien and Yutiq: One implant per 36 months Ozurdex: Up to two implants (per eye) every six months
Quantity Limit:	Per FDA Approved/Compendia Supported Dosing
MCG Available:	No
DHCS Drug Policy:	No

Requires Prior Authorization (PA)

- Iluvien (fluocinolone acetonide) intravitreal implant
- Retisert (fluocinolone acetonide) intravitreal implant
- Yutiq (fluocinolone acetonide) intravitreal implant
- Ozurdex (dexamethasone) intravitreal implant

PA CRITERIA FOR APPROVAL:

New Therapy

1. The member has a diagnosis for an FDA-approved indication (refer to package insert under References) OR a compendia-supported (Drugdex or AHFS) indication OR cystoid macular edema (for Ozurdex only; off-label use based on peer-reviewed literature) **AND**
2. The medication was prescribed or recommended by an ophthalmologist and/or retina specialist **AND**
3. The member does NOT have any of the following:
 - a. Active or suspected ocular or periocular infections
 - a. Glaucoma, in those with cup-to-disc ratio (CDR) greater than 0.8 (Ozurdex and Iluvien only)
 - b. Torn or ruptured posterior lens capsule (Ozurdex only)**AND**
4. **For diabetic macular edema (DME) (Iluvien and Ozurdex only):** The member has a history of failure, contraindication or reasons for intolerance to bevacizumab (**NOTE:** Bevacizumab has compendia-supported off-label use for DME)
As an alternative: OK to accept tried and failed of another anti-VEGF agent but do not defer
OR
5. **For uveitis:** The member has a history of failure, contraindication or reasons for intolerance to at least ONE of the following: ophthalmic (topical/periocular) corticosteroids (such as difluprednate, dexamethasone, fluocinolone, prednisolone, triamcinolone), systemic corticosteroids (such as prednisone, prednisolone, methylprednisolone, adalimumab biosimilars/Humira) or immunosuppressive agents (i.e., cyclosporine or methotrexate) (**NOTE:** immunosuppressive agents has compendia supported off-label use for uveitis)
OR
6. **For macular edema following branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO) or cystoid macular edema (CME) (Ozurdex only):** The member has a history of failure, contraindication or reasons for intolerance to bevacizumab (**NOTE:** Bevacizumab has compendia-supported off-label use for macular with BRVO or CRVO and off-label use for CME based on peer-reviewed literature)
As an alternative: OK to accept tried and failed of another anti-VEGF agent but do not defer

Continuation of Therapy

1. The member has a diagnosis for an FDA-approved indication (refer to package insert under References) OR a compendia-supported (Drugdex or AHFS) indication OR CME (**for Ozurdex only; off-label use based on peer-**

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reviewed literature) AND

- a. **For Iluvien:** At least 36 months have passed since last treatment
- b. **For Retisert:** At least 30 months have passed since last treatment
- c. **For Yutiq:** At least 36 months have passed since last treatment
- d. **For Ozurdex:** At least three months have passed since last treatment

AND

2. The member does NOT have any of the following:
 - a. Active or suspected ocular or periocular infections
 - b. Glaucoma, in those with a CDR greater than 0.8 (*Ozurdex and Iluvien only*)
 - c. Torn or ruptured posterior lens capsule (*Ozurdex only*)

OTHER INFORMATION:

HCPCS	Description	Brand name
J7313	Fluocinolone ophthalmic, intravitreal implant, 0.01mg	Iluvien
J7311	Fluocinolone ophthalmic, intravitreal implant, 0.01mg	Retisert
J7314	Fluocinolone ophthalmic, intravitreal implant, 0.01mg	Yutiq
J7312	Injection, dexamethasone, intravitreal implant, 0.1mg	Ozurdex

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