

RX.PA.018.MPC Intravitreal Corticosteroid Implants: Ozurdex, Iluvien, and Yutiq

The purpose of this policy is to define the prior authorization process for Ozurdex[®] (dexamethasone), Iluvien[®] (fluocinolone), and Yutiq (fluocinolone).

Ozurdex[®] (dexamethasone) is indicated for the treatment of patients with:

- Macular edema following branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO)
- Non-infectious uveitis affecting the posterior segment of the eye
- Diabetic macular edema (DME)

Iluvien[®] (fluocinolone) is indicated for the treatment of patients with:

- Diabetic macular edema who have been previously treated with a course of corticosteroids and did not have a clinically significant rise in intraocular pressure

Yutiq (fluocinolone) is indicated for the treatment of patients with:

- Chronic non-infectious uveitis affecting the posterior segment of the eye

The drugs, Ozurdex[®] (dexamethasone), Iluvien[®] (fluocinolone), and Yutiq (fluocinolone), are subject to the prior authorization process.

PROCEDURE

Initial Authorization Criteria:

Must meet all of the criteria listed under the respective product:

1. Ozurdex (dexamethasone)

- Must be prescribed by an ophthalmologist
- Must be age 18 years or older
- Must not have active ocular or periocular infection
- Must not have a torn or ruptured posterior lens capsule
- Must not have glaucoma
- Must have a diagnosis of one of the following:
 - macular edema following branch retinal vein occlusion or central retinal vein occlusion
 - non-infectious uveitis affecting the posterior segment of the eye
 - diabetic macular edema
- Must have previously tried and failed intravitreal steroid injections unless contraindicated or intolerant

2. Iluvien (fluocinolone)

Ozurdex (Dexamethasone) and Iluvien (Fluocinolone)

POLICY NUMBER: RX.PA.018.MPC

REVISION DATE: 02/2020

PAGE NUMBER: 2 of 3

- Must be prescribed by an ophthalmologist
- Must be age 18 years or older
- Must not have active ocular or periocular infection
- Must not have glaucoma
- Must have a diagnosis of macular edema
- Must have previously received a treatment course with corticosteroids and did not have a clinically significant rise in intraocular pressure

3. Yutiq (fluocinolone)

- Must be prescribed by an ophthalmologist
- Must be age 18 years or older
- Must not have active ocular or periocular infection
- Must have a diagnosis of non-infectious uveitis affecting the posterior segment of the eye
- Must have previously tried and failed intravitreal steroid injections unless contraindicated or intolerant

Reauthorization Criteria:

All prior authorization renewals are reviewed on an annual basis to determine the Medical Necessity for continuation of therapy. Authorization may be extended at 1-year intervals based upon chart documentation from the prescriber that the member's condition has improved or stabilized based upon the prescriber's assessment while on therapy.

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to 1 year
Reauthorization	Same as initial

If the established criteria are not met, the request is referred to a Medical Director for review, if required for the plan and level of request.

HCPCS Code(s):

Code	Description
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg

Ozurdex (Dexamethasone) and Iluvien (Fluocinolone)

POLICY NUMBER: RX.PA.018.MPC

REVISION DATE: 02/2020

PAGE NUMBER: 3 of 3

REFERENCES

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2. Ozurdex [prescribing information]. Irvine, CA: Allergan, INC.; September 2014.
3. American Academy of Ophthalmology Retina Panel. Preferred Pattern1 Guidelines diabetic retinopathy. San Fransico, CA: American Academy of Ophthalmology; 2014. Accessed January 6, 2015. Available at: www.aao.org/ppp.
4. Mitchell P and Wong TY. Management paradigms for diabetic macular edema. AJO. 2013; 157(3):505-513e8
5. American Optometric Association. Eye care of patient with diabetes mellitus. 2014.
6. Campochiaro PA, Brown DM, Pearson A, et al. Long-term benefit of sustained-delivery fluocinolone acetonide vitreous inserts for diabetic macular edema. Ophthalmology. 2011; 118:626-635.
7. Campochiaro PA, Brown DM, Pearson A, et al. Sustained delivery fluocinolone acetonide vitreous inserts provide benefit for at least 3 years in patients with diabetic macular edema. Ophthalmology. 2012; 119:2125-2132.
8. Product Information: Yutiq. Eyepoint Pharmaceuticals; Watertown, MA. October 2018.