Fluocinolone acetate intravitreal implant (Iluvien® and Retisert)

Iowa Medicaid Program:	Prior Authorization	**Effective Date:**	11/18/2015
Revision Number:	1	**Last Review Date:**	7/21/2017
Reviewed By:	Medicaid Clinical Advisory Committee	**Next Review Date:**	7/2018
Approved By:	Medicaid Medical Director	**Approved Date:**	8/16/2017

Criteria:
Fluocinolone acetate intravitreal implant 0.59 mg for surgical implantation (Retisert) is indicated for chronic non-infectious uveitis. It is a 30-month topical steroid releasing mechanism. Fluocinolone acetate intravitreal implant (Iluvien®) 0.19 mg is FDA indicated for chronic diabetic macular edema (DME). It lasts 36 months. Side effects include cataracts (very high incidence) and increased intraocular pressure (IOP).

For uveitis (Retisert):

1. Contraindicated and not covered in the presence of infection
2. Member must have trial and failure or contraindication to:
    a. Steroid drops such as prednisone of diflupednate OR;
    b. Perioccular injection of a glucocorticoid

For DME (Iluvien®):

1. Member must have had a previous course of corticosteroids without a clinically significant rise in IOP.
2. Member must have trialed and failed at least two anti-VEGF therapies (aflibercept, bevacizumab, pegaptanib, ranibizumab) or contraindications to their use.

Codes:
J7311

References Used:
Up-ToDate (Uveitis:Treatment) Accessed today
Retisert and Iluvien® prescribing information
J Ocul Pharmacol Ther. 2013 Jun;29(5):501-7. doi: 10.1089/jop.2012.0180. Epub 2013 Jan 8.,
Drugs. 2013 Feb;73(2):187-93. doi: 10.1007/s40265-013-0010-x
Am J Manag Care, 2015 Jan, 21(4 Suppl):S63-72

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Change History:

Change Date:	Changed By:	Description of Change:	New Version Number:
7/15/16	Medical Director	Under DME, criterion #2 added “contraindications to their use”. Added reference of Am J Manag Care.	1

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