

## PHARMACY POLICY STATEMENT

### Indiana Medicaid

<b>DRUG NAME</b>	<b>Yutiq (fluocinolone acetonide)</b>
BILLING CODE	J7314
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Office
STATUS	Prior Authorization Required

Yutiq is a 0.18 mg fluocinolone acetonide intravitreal implant that was approved by the FDA in 2018. It is indicated for the treatment of chronic non-infectious uveitis affecting the posterior segment of the eye and lasts 36 months.

Uveitis is an inflammation of the uvea (middle layer of the eye). It can be infectious or non-infectious. Non-infectious uveitis (NIU) is often associated with inflammatory conditions such as rheumatoid arthritis. If the anterior segment of the uvea is affected, it can be treated with topical glucocorticoids. If resistant or affecting the intermediate or posterior segments, more invasive or systemic treatment is needed.

Yutiq (fluocinolone acetonide) will be considered for coverage when the following criteria are met:

#### Uveitis

For **initial** authorization:

1. Member is at least 18 years of age; AND
2. Medication must be prescribed by or in consultation with an ophthalmologist; AND
3. Member has a diagnosis of chronic (1 year or more) non-infectious uveitis affecting the posterior segment of the eye; AND
4. Member has tried and failed at least one of the following for at least 3 months:
  - a) Systemic corticosteroid (e.g., prednisone)
  - b) Non-biologic immunosuppressive (e.g., mycophenolate mofetil, methotrexate, cyclosporine, tacrolimus); AND
5. Member does not have any active or suspected infections in or around the eye.
6. **Dosage allowed/Quantity limit:** One implant (0.18 mg) per eye  
Limit: 2 implants (1 per eye) per 36 months

***If all the above requirements are met, the medication will be approved for 3 months.***

For **reauthorization**:

1. Chart notes must show improved or stabilized visual acuity following treatment and/or an improved vitreous haze score; AND
2. At least 36 months have elapsed since the prior treatment (of the same eye); AND
3. Member has recurrent symptoms.

***If all the above requirements are met, the medication will be approved for an additional 3 months.***

**CareSource considers Yutiq (fluocinolone acetonide) not medically necessary for the treatment of conditions that are not listed in this document. For any other indication, please refer to the Off-Label policy.**

DATE	ACTION/DESCRIPTION
11/02/2021	New policy created for Yutiq.

References:

1. Yutiq [prescribing information]. EyePoint Pharmaceuticals US, Inc.; 2021.
2. Jaffe GJ, Pavesio CE; Study Investigators. Effect of a Fluocinolone Acetonide Insert on Recurrence Rates in Noninfectious Intermediate, Posterior, or Panuveitis: Three-Year Results. *Ophthalmology*. 2020;127(10):1395-1404. doi:10.1016/j.ophtha.2020.04.001
3. Steeples LR, Pockar S, Jones NP, Leal I. Evaluating the Safety, Efficacy and Patient Acceptability of Intravitreal Fluocinolone Acetonide (0.2mcg/Day) Implant in the Treatment of Non-Infectious Uveitis Affecting the Posterior Segment. *Clin Ophthalmol*. 2021;15:1433-1442. Published 2021 Apr 7. doi:10.2147/OPHTH.S216912
4. Conrady CD, Yeh S. A Review of Ocular Drug Delivery Platforms and Drugs for Infectious and Noninfectious Uveitis: The Past, Present, and Future. *Pharmaceutics*. 2021;13(8):1224. Published 2021 Aug 8. doi:10.3390/pharmaceutics13081224

Effective date: 04/01/2022

Revised date: 11/02/2021