

PHARMACY POLICY STATEMENT

Ohio Medicaid

DRUG NAME	Iluvien (fluocinolone acetonide)
BENEFIT TYPE	Medical
STATUS	Prior Authorization Required

Iluvien is an intravitreal implant containing 0.19 mg (190 mcg) fluocinolone acetonide in a 36-month sustained-release drug delivery system. It is indicated for the treatment of diabetic macular edema (DME) in patients who have been previously treated with a course of corticosteroids and did not have a clinically significant rise in intraocular pressure. DME is a common complication of diabetic retinopathy.

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

Diabetic Macular Edema (DME)

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 confirmed diagnosis of diabetic macular edema; AND
4. Member has been previously treated with a course of corticosteroids and did not have a clinically significant increase in intraocular pressure; AND
5. Member has tried and failed Ozurdex or an anti-VEGF drug (bevacizumab preferred); AND
6. Member does not have active or suspected ocular or periocular infection; AND
7. Member does not have glaucoma with a cup to disc ratio greater than 0.8.
8. **Dosage allowed/Quantity limit:** One implant (0.19 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
2. At least 36 months have elapsed since the prior treatment (of the same eye).

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

CareSource considers Iluvien (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
10/27/2021	New policy created for Iluvien.
10/16/2023	References updated. Added anti-VEGF as trial option.
01/25/2024	Approved by ODM

References:

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10. Ohio Administrative Code. (2022, July 18). 5160-26-03 Managed care: covered services. Retrieved February 22, 2023 from codes.ohio.gov.
11. Ohio Administrative Code. (2020, January 1). 5160-9-03 Pharmacy services: covered drugs and associated limitations. Retrieved February 22, 2023 from codes.ohio.gov.

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