

PHARMACY POLICY STATEMENT

Ohio Medicaid

DRUG NAME	Retisert (fluocinolone acetonide)
BILLING CODE	J7311
BENEFIT TYPE	Medical
SITE OF SERVICE ALLOWED	Outpatient hospital
STATUS	Prior Authorization Required

Retisert is a 0.59 mg fluocinolone acetonide intravitreal implant indicated for the treatment of chronic non-infectious uveitis affecting the posterior segment of the eye. It is released over a period of 30 months and has been shown to reduce the rate of recurrence and improve visual acuity.

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.

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

Uveitis

For **initial** authorization:

1. Member is at least 12 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 has had a failed trial of Ozurdex; AND
6. Member does not have any active infections of the eye.
7. **Dosage allowed/Quantity limit:** One implant (0.59 mg) per eye
Limit: 2 implants (1 per eye) per 30 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 30 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 Retisert (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
10/28/2021	New policy created for Retisert.

References:

1. Retisert [prescribing information]. Bausch & Lomb; 2021.
2. Brady CJ, Villanti AC, Law HA, et al. Corticosteroid implants for chronic non-infectious uveitis. *Cochrane Database Syst Rev.* 2016;2(2):CD010469. Published 2016 Feb 12. doi:10.1002/14651858.CD010469.pub2
3. Multicenter Uveitis Steroid Treatment (MUST) Trial Research Group, Kempen JH, Altaweel MM, et al. Benefits of Systemic Anti-inflammatory Therapy versus Fluocinolone Acetonide Intraocular Implant for Intermediate Uveitis, Posterior Uveitis, and Panuveitis: Fifty-four-Month Results of the Multicenter Uveitis Steroid Treatment (MUST) Trial and Follow-up Study. *Ophthalmology.* 2015;122(10):1967-1975. doi:10.1016/j.ophtha.2015.06.042
4. Writing Committee for the Multicenter Uveitis Steroid Treatment (MUST) Trial and Follow-up Study Research Group, Kempen JH, Altaweel MM, et al. Association Between Long-Lasting Intravitreal Fluocinolone Acetonide Implant vs Systemic Anti-inflammatory Therapy and Visual Acuity at 7 Years Among Patients With Intermediate, Posterior, or Panuveitis. *JAMA.* 2017;317(19):1993-2005. doi:10.1001/jama.2017.5103

Effective date: 04/01/2022

Revised date: 10/28/2021