

## PHARMACY POLICY STATEMENT

### Ohio Medicaid

<b>DRUG NAME</b>	<b>Yutiq (fluocinolone acetonide)</b>
BENEFIT TYPE	Medical
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.
10/18/2023	Updated references.
04/09/2025	Updated references. ODM approved on 07/23/25.

References:

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4. Reddy A, Liu SH, Brady CJ, Sieving PC, Palestine AG. Corticosteroid implants for chronic non-infectious uveitis. *Cochrane Database Syst Rev*. 2023;1(1):CD010469. Published 2023 Jan 16. doi:10.1002/14651858.CD010469.pub3
5. Tan HY, Agarwal A, Lee CS, et al. Management of noninfectious posterior uveitis with intravitreal drug therapy. *Clin Ophthalmol*. 2016;10:1983-2020. Published 2016 Oct 13. doi:10.2147/OPTH.S89341
6. Wu X, Tao M, Zhu L, Zhang T, Zhang M. Pathogenesis and current therapies for non-infectious uveitis. *Clin Exp Med*. 2023;23(4):1089-1106. doi:10.1007/s10238-022-00954-6
7. Abdulla D, Ali Y, Menezo V, Taylor SRJ. The Use of Sustained Release Intravitreal Steroid Implants in Non-Infectious Uveitis Affecting the Posterior Segment of the Eye. *Ophthalmol Ther*. 2022;11(2):479-487. doi:10.1007/s40123-022-00456-4
8. Ohio Administrative Code. (2022, February 23). 5160-1-01 (C) Medicaid medical necessity: definitions and principles. Retrieved February 22 2023 from codes.ohio.gov.
9. Ohio Administrative Code. (2022, July 18). 5160-26-03 Managed care: covered services. Retrieved February 22, 2023 from codes.ohio.gov.
10. 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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