

Corticosteroid Intravitreal Implants



Included Products: Ozurdex (dexamethasone), Iluvien (fluocinolone), Retisert (fluocinolone), Yutiq (fluocinolone), Xipere (triamcinolone)

Nonformulary for outpatient benefit. PA required on medical benefit.

Created: 03/12/2015

Revised: 03/10/2022

Reviewed: 05/09/2019

Updated: 04/01/2022

All Diagnoses

Initial Criteria		If yes	If no
1.	Is the request from an ophthalmologist?	Continue to #2.	Do not approve.
2.	Does the member have a diagnosis of chronic diabetic macular edema?	Continue to #6.	Continue to #3.
3.	Does the member have a diagnosis of macular edema due to central retinal vein occlusion?	Continue to #6.	Continue to #4.
4.	Does the member have a diagnosis of branch retinal vein occlusion?	Continue to #5.	Continue to #7.
5.	Is laser photocoagulation failed or unsuitable because of the extent of macular hemorrhage?	Continue to #6.	Do not approve.
6.	Has the member failed anti-VEGF therapy?	Continue to #11.	Do not approve.
7.	Does the member have chronic non-infectious uveitis?	Continue to #8.	Do not approve.
8.	Has the member failed ONE of the following? a. Both local and systemic corticosteroids. b. Immunosuppressive agents.	Continue to #9.	Do not approve.
9.	Is the request for Retisert implant?	Continue to #10.	Continue to #11.
10.	Is there documented failure of or contraindication to Yutiq?	Continue to #11.	Do not approve.
11.	Approve for 12 months.		