



NHS MEDICAL POLICY

Corticosteroid Intravitreal Implants MED 2016-001

A. An Ozurdex® or Posurdex® (biodegradable dexamethasone) intravitreal implant may be indicated when any ONE of the following is present:

1	Macular edema associated with a branch or central retinal vein occlusion
2	Diabetic macular edema
3	Non-infectious ocular inflammation (or uveitis). This may include any of the following: intermediate uveitis (localized to the anterior vitreous, ciliary body or peripheral retina); posterior uveitis, choroiditis or panuveitis.

B. An Iluvien™ or Retisert® (nonbiodegradable fluocinolone acetonide) intravitreal implant may be indicated when any ONE of the following is present:

1	Diabetic macular edema
2	Non-infectious ocular inflammation (or uveitis). This may include any of the following: intermediate uveitis (localized to the anterior vitreous, ciliary body or peripheral retina); posterior uveitis, choroiditis or panuveitis.

Notes:

Types of FDA approved corticosteroid intravitreal implants include:

Ozurdex® or Posurdex® (biodegradable dexamethasone intravitreal implant; Allergan, Irvine, CA.)

- a biodegradable copolymer of lactic acid and glycolic acid with micronized dexamethasone*
- placed into the vitreous cavity through the pars plana using a single-use, 22-gauge applicator*
- provides intravitreal dexamethasone for up to 6 months*

Retisert® (nonbiodegradable fluocinolone acetonide intravitreal implant; Bausch & Lomb)

- sterile implant consists of a tablet containing fluocinolone acetonide, encased in a silicone elastomer cup with a release orifice and membrane*

- *implanted via a pars plana incision and attached to a suture tab*
- *releases the active drug over a period of approximately 2.5 years*

Iluvien™ (nonbiodegradable injectable intravitreal implant with fluocinolone acetonide; Alimera Sciences Inc.)

- *a rod-shaped device made of polyimide and polyvinyl alcohol*
- *placed using an inserter with a 25-gauge needle*
- *provides sustained delivery of fluocinolone acetonide for up to 3 years*

SOURCES

1. Bollinger KE, Smith SD. Prevalence and management of elevated intraocular pressure after placement of an intravitreal sustained-release steroid implant. *Curr Opin Ophthalmol* 2009; 20(2):99-103.
2. Jaffe GJ, Martin D, Callanan D et al. Fluocinolone acetonide implant (Retisert) for noninfectious posterior uveitis: thirty-four-week results of a multicenter randomized clinical study. *Ophthalmology* 2006; 113(6):1020-7.
3. Kempen JH, et al., The Multicenter Uveitis Steroid Treatment (MUST) Trial Research Group, Randomized Comparison of Systemic Anti-inflammatory Therapy Versus Fluocinolone Acetonide Implant for Intermediate, Posterior, and Panuveitis: The Multicenter Uveitis Steroid Treatment Trial. *Ophthalmology*. 2011, Aug 12.
4. Williams GA, Haller JA, Kuppermann BD, et al; Dexamethasone DDS Phase II Study Group. Dexamethasone posterior-segment drug delivery system in the treatment of macular edema resulting from uveitis or Irvine-Gass syndrome. *Am J Ophthalmol*. 2009;147(6):1048-1054

CODE REFERENCE (This may not be a comprehensive list of codes to apply to this policy.)

CPT: 67028
HCPCS: J 7312

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
06/16/2016	Policy in effect from this day forward
06/14/2017	Annual review and approval by UM Committee
06/13/2018	Annual review and approval by UM Committee
06/12/2019	Annual review and approval by UM Committee
06/11/2020	Annual review and approval by UM Committee
06/11/2021	Annual review and approval by UM Committee
06/10/2022	Annual review and approval by UM Committee
05/26/2023	Annual review and approval by UM/QM Committee
05/20/2024	Annual review and approval by UM/QM Committee
03/24/2025	Annual review and approval by UM/QM Committee