

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	X

Retisert (fluocinolone acetonide intravitreal implant)

Override(s)	Approval Duration
Prior Authorization	One time

Medications	Dosing Limit
Retisert (fluocinolone acetonide) 0.59 mg intravitreal implant	One intravitreal implant (0.59 mg) per eye; each implant may be replaced following depletion of fluocinolone acetonide as evidenced by recurrence of uveitis

APPROVAL CRITERIA

Requests for Retisert (fluocinolone acetonide intravitreal implant) may be approved if the following criterion is met:

- I. Individual has a diagnosis of chronic (duration of 1 year or more) non-infectious uveitis affecting the posterior segment of the eye.

Requests for Retisert (fluocinolone acetonide intravitreal implant) may **not** be approved for the following criteria:

- I. All other indications not included above; **OR**
- II. Individual has active viral diseases of cornea and conjunctiva including epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, and varicella; **OR**
- III. Individual has active bacterial, mycobacterial or fungal infections of the eye.

Key References:

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: July 8, 2019.

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

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Applicable	X	X	X	X	X	X	X

3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.

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