Effective Date: 06/16/16



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 IluvienTM 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

IluvienTM (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