

Subject:	Intravitreal Corticosteroid Implants		
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Overview

This document addresses the use of intravitreal corticosteroid implants. The following agents are included:

- Ozurdex (dexamethasone intravitreal implant)
- Retisert (fluocinolone acetonide intravitreal implant)
- Yutiq (fluocinolone acetonide intravitreal implant)
- Iluvien (fluocinolone acetonide intravitreal implant)

Intravitreal corticosteroid implants are drug delivery systems. When surgically implanted in the eye, the resultant effect is sustained release of a corticosteroid. These agents are approved to treat the following conditions:

- Diabetic macular edema (Ozurdex, Iluvien)
- Non-infectious posterior uveitis (Retisert, Ozurdex, Yutiq)
- Macular edema following branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO)

Diabetic macular edema is defined as retinal thickening within 2 disc diameters of the center of the macula, and results from retinal microvascular changes that compromise the blood-retinal barrier, causing leakage of plasma constituents into the surrounding retina and, consequently, retinal edema. Diabetes is a leading cause of new blindness in the United States, with clinically significant macular edema greatly contributing to this vision loss.

Uveitis is a broad term referring to a number of conditions that produce inflammation of the uvea, the vascular layer of the eye sandwiched between the sclera and the retina. Uveitis may affect any part of the uvea, including the anterior (iritis), intermediate (pars planitis), posterior (choroiditis), or the entire uvea (pan-uveitis). Uveitis may affect one or both eyes. Potential causes of uveitis are autoimmune disorders including sarcoidosis, infection, or exposure to toxins. However, the cause remains unknown in most individuals.

Posterior uveitis primarily involves the choroid. If the adjacent retina is also affected it is called chorioretinitis. Posterior uveitis may follow a systemic infection or occur in association with an autoimmune disease. Symptoms may include redness of the eye, blurred vision, sensitivity to light, dark floating spots in the vision, and eye pain. The inflammation may lead to areas of scarring on the choroid and retina with corresponding areas of vision loss. For systemic infectious diseases, corticosteroids are often used along with antibiotic and anti-viral therapies. For autoimmune diseases, various forms of suppression of the immune system may be required. Chronic non-infectious uveitis may require long term corticosteroid therapy.

Retinal vein occlusion is a common vascular disorder of the retina and is one of the most common causes of vision loss after diabetic retinopathy. It is classified according to where the occlusion is located. Obstruction at a branch of the retinal vein is referred to as BRVO

and obstruction of the retinal vein at the optic nerve is referred to as CRVO. BRVO is the most common form of retinal vein occlusion, whereas CRVO is less common.

Clinical Criteria

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Retisert, Yutiq (fluocinolone acetonide intravitreal implant)

Requests for Retisert or Yutiq (fluocinolone acetonide intravitreal implant) may be approved if the following criteria are 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 or Yutiq (fluocinolone acetonide intravitreal implant) may not be approved for the following criteria:

- I. Individual has active viral diseases of cornea and conjunctiva including epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, and varicella; **OR**
- II. Individual has active bacterial, mycobacterial or fungal infections of the eye.

Ozurdex (dexamethasone intravitreal implant)

Requests for Ozurdex (dexamethasone intravitreal implant) may be approved if the following criteria are met:

- I. Individual has a diagnosis of macular edema following branch retinal vein occlusion (BRVO) or central retinal vein occlusion (CRVO); **OR**
- II. Individual has a diagnosis of chronic non-infectious uveitis (duration of 1 year or more) affecting the posterior segment of the eye; **OR**
- III. Individual has a diagnosis of diabetic macular edema.

Requests for Ozurdex (dexamethasone intravitreal implant) may not be approved for the following:

- I. Individual has ocular or periocular infections, including most viral diseases of the cornea and conjunctiva including active epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, varicella, mycobacteria infections, and fungal diseases; **OR**
- II. Individual has a diagnosis of glaucoma with a cup to disc ration of greater than 0.8; **OR**
- III. Individual has a torn or ruptured posterior lens capsule (NOTE: laser posterior capsulotomy in pseudophakic individuals is not a contraindication).

Iluvien (fluocinolone acetonide intravitreal implant)

Requests for Iluvien (fluocinolone acetonide intravitreal implant) may be approved if the following criteria are met:

- I. Individual has a diagnosis of diabetic macular edema; **AND**
- II. Individual has previously been treated with a course of corticosteroids and did not have a clinically significant rise in intraocular pressure.

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

- I. Individual has active or suspected ocular or periocular infections including most viral disease of the cornea and conjunctiva (such as epithelial herpes simplex keratitis [dendritic keratitis], vaccinia, varicella), mycobacterial infections and fungal diseases; **OR**
- II. Individual has glaucoma with a cup to disc ratio of greater than 0.8.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Fluocinolone acetonide implant (Retisert)

CPT

67027	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous [when specified as fluocinolone acetonide implant Retisert]
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HCPCS

J7311	Fluocinolone acetonide, intravitreal implant [Retisert]
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ICD-10 Procedure

08H033Z	Insertion of infusion device into right eye, percutaneous approach [when specified as Retisert implantation]
08H133Z	Insertion of infusion device into left eye, percutaneous approach [when specified as Retisert implantation]

ICD-10 Diagnosis

H30.001-H30.049	Focal chorioretinal inflammation
H30.101-H30.149	Disseminated chorioretinal inflammation
H30.90-H30.93	Unspecified chorioretinal inflammation

Fluocinolone acetonide implant (Iluvien)

CPT

67028	Intravitreal injection of a pharmacologic agent [when specified as fluocinolone acetonide implant Iluvien]
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HCPCS

J7313	Injection, fluocinolone acetonide intravitreal implant, 0.01 mg [Iluvien]
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ICD-10 Diagnosis

E08.311- E08.3519	Diabetes mellitus due to underlying condition with diabetic retinopathy with macular edema [includes only codes E08.311 and ranges E08.3211-E08.3219, E08.3311-E08.3319, E08.3411-E08.3419, E08.3511-E08.3519]
E09.311- E09.3519	Drug or chemical induced diabetes mellitus with diabetic retinopathy with macular edema [includes only codes E09.311 and ranges E09.3211-E09.3219, E09.3311-E09.3319, E09.3411-E09.3419, E09.3511-E09.3519]
E10.311- E10.3519	Type 1 diabetes mellitus with diabetic retinopathy with macular edema [includes only codes E10.311 and ranges E10.3211-E10.3219, E10.3311-E10.3319, E10.3411-E10.3419, E10.3511-E10.3519]
E11.311- E11.3519	Type 2 diabetes mellitus with diabetic retinopathy with macular edema [includes only codes E11.311 and ranges E11.3211-E11.3219, E11.3311-E11.3319, E11.3411-E11.3419, E11.3511-E11.3519]
E13.311- E13.3519	Other specified diabetes mellitus with diabetic retinopathy with macular edema [includes only codes E13.311 and ranges E13.3211-E13.3219, E13.3311-E13.3319, E13.3411-E13.3419, E13.3511-E13.3519]

Dexamethasone implant (Ozurdex)

CPT

67028	Intravitreal injection of a pharmacologic agent [when specified as intravitreal injection of dexamethasone implant Ozurdex]
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HCPCS

J7312	Injection, dexamethasone intravitreal implant, 0.1 mg [Ozurdex]
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ICD-10 Diagnosis

E08.311- E08.3519	Diabetes mellitus due to underlying condition with diabetic retinopathy with macular edema [includes only codes E08.311 and ranges E08.3211-E08.3219, E08.3311-E08.3319, E08.3411-E08.3419, E08.3511-E08.3519]
E09.311- E09.3519	Drug or chemical induced diabetes mellitus with diabetic retinopathy with macular edema [includes only codes E09.311 and ranges E09.3211-E09.3219, E09.3311-E09.3319, E09.3411-E09.3419, E09.3511-E09.3519]
E10.311- E10.3519	Type 1 diabetes mellitus with diabetic retinopathy with macular edema [includes only codes E10.311 and ranges E10.3211-E10.3219, E10.3311-E10.3319, E10.3411-E10.3419, E10.3511-E10.3519]
E11.311- E11.3519	Type 2 diabetes mellitus with diabetic retinopathy with macular edema [includes only codes E11.311 and ranges E11.3211-E11.3219, E11.3311-E11.3319, E11.3411-E11.3419, E11.3511-E11.3519]
E13.311- E13.3519	Other specified diabetes mellitus with diabetic retinopathy with macular edema [includes only codes E13.311 and ranges E13.3211-E13.3219, E13.3311-E13.3319, E13.3411-E13.3419, E13.3511-E13.3519]
H30.001-H30.049	Focal chorioretinal inflammation
H30.101-H30.149	Disseminated chorioretinal inflammation
H30.90-H30.93	Unspecified chorioretinal inflammation
H34.8110	Central retinal vein occlusion, right eye, with macular edema
H34.8120	Central retinal vein occlusion, left eye, with macular edema
H34.8130	Central retinal vein occlusion, bilateral, with macular edema
H34.8190	Central retinal vein occlusion, unspecified eye, with macular edema
H34.8310	Tributary (branch) retinal vein occlusion, right eye, with macular edema
H34.8320	Tributary (branch) retinal vein occlusion, left eye, with macular edema
H34.8330	Tributary (branch) retinal vein occlusion, bilateral, with macular edema
H34.8390	Tributary (branch) retinal vein occlusion, unspecified eye, with macular edema

Fluocinolone acetonide implant (Yutiq)

CPT

67027	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous [when specified as fluocinolone acetonide implant [Yutiq]
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ICD-10 Procedure

08H033Z	Insertion of infusion device into right eye, percutaneous approach [when specified as Yutiq implantation]
08H133Z	Insertion of infusion device into left eye, percutaneous approach [when specified as Yutiq implantation]

HCPCS

J3490	Unclassified Drugs when specified as (Yutiq)
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ICD-10 Diagnosis

H30.001-H30.049	Focal chorioretinal inflammation
H30.101-H30.149	Disseminated chorioretinal inflammation
H30.90-H30.93	Unspecified chorioretinal inflammation

Document History

Revised: 06/10/2019

Document History:

- 06/10/2019 – Selected review: Updated Retisert PA to include Yutiq. Coding Reviewed: Added HCPCS J3490, ICD-10 DX codes H30.001-H30.049, H30.101-H30.149, H30.90-H30.93, CPT code 67027, ICD-10 procedure codes 08H033Z, 08H133Z
- 11/9/2018: Coding review: no changes needed
- 08/17/2018 – Annual review: Initial review of CG-DRUG-91; updated Iluvien to require trial of corticosteroids without raise in intraocular pressure per label

References

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
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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.

Federal and state laws or requirements, contract language, and Plan utilization management programs or policies may take precedence over the application of this clinical criteria.

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