



# POLICIES AND PROCEDURE MANUAL

**Policy: MBP 129.0**

**Section: Medical Benefit Pharmaceutical Policy**

**Subject: Iluvien (fluocinolone acetonide)**

**Applicable line of business:**

Commercial	X	Medicaid	
Medicare	X	ACA	X
CHIP	X		

**I. Policy:**

Iluvien (fluocinolone acetonide)

**II. Purpose/Objective:**

To provide a policy of coverage regarding Iluvien (fluocinolone acetonide)

**III. Responsibility:**

- A. Medical Directors
- B. Medical Management
- C. Pharmacy Department

**IV. Required Definitions**

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

**V. Additional Definitions**

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards good medical treatment practiced by the general medical community;
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient

**Commercial**

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

**Medicare**

Geisinger Gold Medicare Advantage HMO, PPO, and HMO D-SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on contract renewal. Geisinger Health Plan/Geisinger Indemnity Insurance Company are part of Geisinger, an integrated health care delivery and coverage organization.

**CHIP**

Geisinger Health Plan Kids (GHP Kids) is a Children's Health Insurance Program (CHIP) offered by Geisinger Health Plan in conjunction with the Pennsylvania Department of Human Services (DHS). Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

**DESCRIPTION:**

Iluvien (fluocinolone acetonide) is an ophthalmic corticosteroid in the form of an intraocular implant indicated for the treatment of diabetic macular edema in patients who have been previously treated with a course of corticosteroids and did not have a clinically significant rise in intraocular pressure.

**CRITERIA FOR USE: Requires Prior Authorization by Medical Director or Designee**

Iluvien requires prior authorization unless the diagnosis code for diabetic macular edema is submitted. For all other diagnosis codes submitted for the commercial, exchange, CHIP and Medicare lines of business the following criteria must be met:

- Medical record documentation of a diagnosis of diabetic macular edema

**AUTHORIZATION DURATION:** Approval will be for a total of one implant (0.19 mg) over a duration of 36 months. Subsequent approvals for re-implantation will require medical director review based on medical necessity.

**LIMITATIONS:** If criteria are met, approval will be limited to one implant.

**LINE OF BUSINESS:**

**Eligibility and contract specific benefit limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy.**

**REFERENCES:**

1. Iluvien [prescribing information]. Alpharetta, GA: Alimera Sciences Inc; January 2022.

This policy will be revised as necessary and reviewed no less than annually.

**Devised:** 5/19/15

**Revised:** 1/16/23 (LOB carve out), 12/30/23 (references added), 1/7/25 (removed Medicaid business segment, LOB table taglines)

**Reviewed:** 3/31/16, 3/30/17, 3/29/18, 2/28/19, 2/1/20, 1/19/21, 1/18/22, 1/8/24

**MA UM Committee approval:** 12/31/23, 12/31/24