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.

### Market Applicability

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<th>MD</th>
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### Retisert
(flucinolone 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

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### 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.

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### Key References:

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.