

Retisert® (fluocinolone acetonide implant) (Intravitreal)

Document Number: IC-0271

Last Review Date: 05/01/2020

Date of Origin: 04/26/2016

Dates Reviewed: 04/2016, 04/2017, 04/2018, 05/2019, 05/2020

I. Length of Authorization

Coverage will be provided for 1 implant per eye every 30 months and may be renewed.

II. Dosing Limits

A. Quantity Limit (max daily dose) [NDC Unit]:

- Retisert 0.59 mg intravitreal implant: 2 implants every 30 months

B. Max Units (per dose and over time) [HCPCS Unit]:

- 118 billable units every 30 months

(Quantity Limits/Max Units are based on administration to BOTH eyes)

III. Initial Approval Criteria ¹

Coverage is provided in the following conditions:

Universal Criteria

- Patient is free of ocular or periocular infections; **AND**
- Must not be used in combination with other sustained-release intravitreal corticosteroids (e.g., dexamethasone implant); **AND**
- Patient's best corrected visual acuity (BCVA) is measured at baseline and periodically during treatment; **AND**
- Patient's intraocular pressure is measured at baseline and periodically throughout therapy; **AND**

Chronic non-infectious uveitis affecting the posterior segment of the eye † Φ

- Patient is at least 12 years of age; **AND**
- Patient has had chronic disease for at least one year; **AND**
- Other causes of uveitis have been ruled out (e.g., infection, malignancy, etc.)

† FDA Approved Indication(s); ‡ Compendia recommended indication(s); Φ Orphan Drug

IV. Renewal Criteria ¹

Coverage can be renewed based upon the following criteria:

- Patient continues to meet universal and indication specific criteria as identified in section III ; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: cataract formation, endophthalmitis, increased intra-ocular pressure, etc.; **AND**
- Disease response as indicated by:
 - Stabilization of visual acuity or improvement in BCVA score when compared to baseline; **OR**
 - Improvement in vitreous haze score (decrease in inflammation)

V. Dosage/Administration

Indication	Dose
Chronic posterior non-infectious uveitis	Administer 0.59 mg fluocinolone acetonide intravitreal implant inserted into the affected eye(s) once per 30 months

VI. Billing Code/Availability Information

HCPCS code:

- J7311 – Injection, fluocinolone acetonide, intravitreal implant (retisert); 1 billable unit = 0.01 mg.

NDC:

- Retisert 0.59 mg intravitreal implant: 24208-0416-xx

VII. References

1. Retisert [package insert]. Rochester, NY; Bausch & Lomb, Inc.; May 2019. Accessed April 2020.
2. Brady CJ, Villanti AC, Law HA, et al. Corticosteroid implants for chronic non-infectious uveitis. Cochrane Database Syst Rev. 2016; 2: CD010469.
3. 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. Ophthalmol. 2006;113(6):1020-1027
4. Callanan DG, Jaffe GJ, Martin DF, et al. Treatment of posterior uveitis with a fluocinolone acetonide implant: three-year clinical trial results. Arch Ophthalmol. 2008;126(9):1191-201.
5. Sangwan VS, Pearson PA, Paul H, et al. Use of the fluocinolone acetonide intravitreal implant for the treatment of noninfectious posterior uveitis: 3-year results of a randomized clinical trial in a predominantly Asian population. Ophthalmol Ther. 2015;4(1):1-19.

6. CGS Administrators, LLC. Local Coverage Article: Billing and Coding: Fluocinolone Acetonide Intravitreal Implant -J7311 (A56628). Centers for Medicare & Medicaid Services, Inc. Updated on 09/20/2019 with effective date 09/26/2019. Accessed April 2020.

Appendix 1 – Covered Diagnosis Codes

ICD-10	Diagnosis
H30.021	Focal chorioretinal inflammation of posterior pole right eye
H30.022	Focal chorioretinal inflammation of posterior pole left eye
H30.023	Focal chorioretinal inflammation of posterior pole bilateral
H30.029	Focal chorioretinal inflammation of posterior pole unspecified eye
H30.111	Disseminated chorioretinal inflammation of posterior pole right eye
H30.112	Disseminated chorioretinal inflammation of posterior pole left eye
H30.113	Disseminated chorioretinal inflammation of posterior pole bilateral
H30.119	Disseminated chorioretinal inflammation of posterior pole unspecified eye

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA):

Jurisdiction(s): 15	NCD/LCD/LCA Document(s): A56628
https://www.cms.gov/medicare-coverage-database/search/article-date-search.aspx?DocID=A56628&bc=gAAAAAAAAAAAAA	

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto Government Benefit Administrators, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC

Medicare Part B Administrative Contractor (MAC) Jurisdictions

Jurisdiction	Applicable State/US Territory	Contractor
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC